

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18864

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2158

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>ST. LOUIS</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLAYTON</b>		c. LENGTH OF STAY (in this place) <b>7 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>46 TOWN Clayton</b>		446.2
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6312 SOUTHWOOD</b>			d. STREET ADDRESS (If rural, give location) <b>6312 SOUTHWOOD</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>ABRAHAM</b> b. (Middle) c. (Last) <b>WAX</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 11, 1951</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>unk</b>	9. AGE (In years last birthday) <b>ab 60</b>	IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>office Emp</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MANF. GARMENTS</b>	11. BIRTHPLACE (State or foreign country) <b>USSR</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Samuel Wax</b>		13b. MOTHER'S MAIDEN NAME <b>Bessie Fisanberg</b>		14. NAME OF HUSBAND OR WIFE <b>Helen</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>	16. SOCIAL SECURITY NO. <b>unk</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Helen Wax 6312 Southwood</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Dis.</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b> <b>2 mos</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>420.0</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>1/8</b> , 19 <b>46</b> , to <b>5/11</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>5/10</b> , 19 <b>51</b> , and that death occurred at <b>9:41</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Harold Schey</b> (Degree or title) <b>M.D.</b>			23b. ADDRESS <b>457 N. Kingshighway</b>		23c. DATE SIGNED <b>5/11/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/13/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wood Shel Smith</b>	24d. LOCATION (City, town, or county) (State) <b>University City Mo</b>		
DATE REC'D BY LOCAL REG. <b>5-13-51</b>	REGISTRAR'S SIGNATURE <b>Herbert P. Lombardi</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Berger Thomas 4715 Madison</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed.....

*Quiro J. Quindig*  
.....  
Licensed Embalmer No. *4229*.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.