

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 19 1951

State File No. **21520**
Registrar's No. **5098**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4346	
c. LENGTH OF STAY (in this place) 1 hour		d. STREET ADDRESS (If rural, give location) 7346 Forsythe	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) HERMAN b. (Middle) B. c. (Last) YAWITZ			4. DATE OF DEATH (Month) (Day) (Year) June 1, 1951		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 26, 1914	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner-Manager		10b. KIND OF BUSINESS OR INDUSTRY Finance Company	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Hershel Yawitz	13b. MOTHER'S MAIDEN NAME Anna Labinow	14. NAME OF HUSBAND OR WIFE Alice Yawitz
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 488-01-8062	17. INFORMANT'S SIGNATURE OR NAME Milton Yawitz ADDRESS 7909 Teasdale Court
--	--	---

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sodium Fluoride Poisoning		
	ANTECEDENT CAUSES DUE TO (b) self-administered at 813 No. 12th St. die June 1 1951 DUE TO (c) at about 5:00 pm		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Suicide while suffering from temporary mental aberration			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION aberration	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR IK

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:31 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph M. ... (Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 6/2/51
---	--------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/3/51	24c. NAME OF CEMETERY OR CREMATORY Chesed She Emeth	24d. LOCATION (City, town, or county) (State) University City, Mo.
---	-------------------------	--	---

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 3 1951	REGISTRAR'S SIGNATURE J. B. ...	25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial ADDRESS 4715 McPherson
---	--	---

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

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.....

Quirina A. Quindry

Licensed Embalmer No. 4829

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.