

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24409
State File No. 5900
Registrar's No.

7-26-51
FILED 1111 26 1951

BIRTH NO. 47529-57 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	
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 4326	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Jewish Hospital		d. STREET ADDRESS (If rural, give location) 909 Alanson	
3. NAME OF DECEASED (Type or Print) a. (First) BABY STEVE Infant b. (Middle) c. (Last) CHOD		4. DATE OF DEATH (Month) (Day) (Year) June 30, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 28, 1951
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jerry Chod		13b. MOTHER'S MAIDEN NAME Geraldine Bronson	14. NAME OF HUSBAND OR WIFE
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jerry Chod 909 Alanson
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myeloblastosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION June 28, 51		19b. MAJOR FINDINGS OF OPERATION Myeloblastosis	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 2 Days	
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? 560.2	
22. I hereby certify that I attended the deceased from June 28, 1951, to June 30, 1951, that I last saw the deceased alive on June 30, 1951, and that death occurred at 9 A. M., from the causes and on the date stated above.			
23a. SIGNATURE Leo Q. Saehar, M.D.		23b. ADDRESS 5457 N. Kingshighway	
23c. DATE SIGNED July 1-51		23d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/2/51	
24c. NAME OF CEMETERY OR CREMATORY Beth Hamedresh		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. JUL 2 1951		REGISTRAR'S SIGNATURE J. B. Lesater	
FUNERAL DIRECTOR'S SIGNATURE Hermon Rindler		ADDRESS 5246 DELMAR	

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.

Signed _____
Student Embalmer

Signed *Peter B. Dubrouillet*

Licensed Embalmer No. *3691*

P. O. Address *Redwood City, Cal.*

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.