

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24905  
6014

FILED AUG. 7 1951

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State File No. 6014

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

|   |  |   |  |   |  |   |   |
|---|--|---|--|---|--|---|---|
| BIRTH NO. _____   |  | REG. DIST. NO. _____  |  | PRIMARY REG.—DIST. NO. _____  |  | Registrar's No. _____   |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>0</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |  |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>   |  | c. LENGTH OF STAY (in this place) _____   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City 4336</u>                                      |  |   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bt. Louis City Hospital</u>  |  |   |  | d. STREET ADDRESS (If rural, give location) <u>6609 Clemens Avenue 1</u>  |  |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>SIMON</u>  |  | b. (Middle) _____   |  | c. (Last) <u>LASKY</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 4, 1951</u>                           |   |
| 5. SEX <u>Male 0</u>  |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>   |  | 8. DATE OF BIRTH <u>Unknown</u>   |   |
| 9. AGE (In years last birthday) <u>Abt. 65</u>  |  | IF UNDER 1 YEAR Months _____ Days _____   |  | IF UNDER 24 HRS. Hours _____ Mins. _____  |  |   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture</u> |   |  | 11. BIRTHPLACE (State or foreign country) <u>Russia 6</u>                           |   |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  | 13a. FATHER'S NAME <u>Sam Lasky</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>Fannie Lasky</u>                                     |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>   |  | 16. SOCIAL SECURITY NO. _____   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Fannie Lasky - 6609 Clemens</u>   |  |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery thrombosis</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Coronary artery heart disease chronic congestive failure</u><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>Four hours</u><br><br><u>Years 4</u> |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |   |  | 20. AUTOPSY?<br>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? <u>H2O1</u>  |  |   |   |
| 22. I hereby certify that I attended the deceased from <u>Jan. 24, 1951</u> , to <u>death</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>June 2, 1951</u> , and that death occurred at <u>noon</u> m., from the causes and on the date stated above. |  |   |  |   |  |   |   |
| 23a. SIGNATURE <u>Shelby Sale</u> (Degree or title) <u>M.D.</u>   |  |   |  | 23b. ADDRESS <u>4500 Olive St. Louis 8</u>  |  | 23c. DATE SIGNED <u>M.D.</u>  |   |
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>7/6/51</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth Cem. St. Louis, Missouri</u>  |  | 24d. LOCATION (City, town, or county) (State) _____                                 |   |
| DATE REC'D BY LOCAL REG. <u>JUL 6 1951</u>  |  | REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>  |  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman Budnik 5216 1/2 E. Wash</u> |   |   |

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Peter B. Duboullat

Signed.....  
Student Embalmer

Licensed Embalmer No. 3691

P. O. Address Richmond, Virginia

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.