

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24908**
6537
Registrar's No. _____

FILED AUG 7 1951

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY 0				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. LENGTH OF STAY (in this place) 2 Wks.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2169					
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				d. STREET ADDRESS (If rural, give location) 3644 Juniata							
3. NAME OF DECEASED (Type or Print) MIRIAM			a. (First) _____		c. (Last) LEDERMAN		4. DATE OF DEATH (Month) (Day) (Year) July 21 - 1951				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0		8. DATE OF BIRTH Dec. 19, 1871		9. AGE (In Years last birthday) 79			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Elmira, New York.			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Herman Lederman			13b. MOTHER'S MAIDEN NAME Jesse JACOBS			14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No		17. INFORMANT'S SIGNATURE OR NAME Max Lederman				ADDRESS 1734 Washington Ave.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Respiratory-Vascular Disease				INTERVAL BETWEEN ONSET AND DEATH 3 or 4 yrs			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arterio-Sclerosis				3 or 4 yrs			
				DUE TO (c) _____							
				II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Conditions contributing to the death but not related to the disease or condition causing death. Shaking Palsy				1 year			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? HHTX							
22. I hereby certify that I attended the deceased from Jan 7, 1949 to July 21, 1951 , that I last saw the deceased alive on July 21, 1951 , and that death occurred at 6:45 a.m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) J. Louis Schuchat, MD				23b. ADDRESS 3566 Flora Place				23c. DATE SIGNED 7-21-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/24/1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Hebrew		24d. LOCATION (City, town, or county) (State) University City, Mo.					
DATE REC'D BY LOCAL REG. JUL 22 1951		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial					ADDRESS 4715 McPherson Ave.	

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 *Quinn J. Quindley*.....

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.