No. 300
10-48

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

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31773

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8424

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jewish Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2N 59
d. STREET ADDRESS (If rural, give location): 5933 Bartmer

3. NAME OF DECEASED (Type or Print)
a. (First): MEYER
b. (Middle):
c. (Last): RABINOWITZ

4. DATE OF DEATH (Month) (Day) (Year): SEPT 23 1951

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: unk
9. AGE (In years last birthday): ab 67 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Retail
11. BIRTHPLACE (State or foreign country): Lithuania
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: unk Rabinowitz
13b. MOTHER'S MAIDEN NAME: unk
14. NAME OF HUSBAND OR WIFE: Rose
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unk
17. INFORMANT'S SIGNATURE OR NAME: Mrs A. Walts — **ADDRESS**: 5959 Bartmer

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): INFARCTION OF LIVER — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): ACUTE CHOLECYSTITIS — 3 weeks

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: BRONCHOPNEUMONIA — 1 week

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: 585K

22. *I hereby certify that I attended the deceased from* SEPT 10, 1951, *to* SEPT. 23, 1951, *that I last saw the deceased alive on* SEPT 23, 1951, *and that death occurred at* 8:50A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Max S. Franklin (Degree or title): MD
23b. ADDRESS: 6034 North Grand
23c. DATE SIGNED: 9/23/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/24/51
24c. NAME OF CEMETERY OR CREMATORY: Beth Hamedrash Hag.
24d. LOCATION (City, town, or county) (State): Ladue Mo

DATE REC'D BY LOCAL REG.: SEP 24 1951
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Berger Memorial — **ADDRESS**: 4715 Michigan
(Licensed Embalmer's Statement on Reverse Side)

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 Lewis L. Ludwig

Signed.....
Student Embalmer

Licensed Embalmer No. 4229 F

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.