

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32122

State File No. _____

FILED OCT 5 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 2040

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Websters Groves</u>	c. LENGTH OF STAY (In this place) <u>2 Wks.</u>	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>MIRIAM NURS. HOME</u>		d. STREET ADDRESS (If rural, give location) <u>755 Heman</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>MACK</u>	b. (Middle) <u>MEYER</u>	c. (Last) <u>SALZBERG</u>	(Month) <u>Sept.</u>	(Day) <u>24</u>	(Year) <u>1951</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 15, 1900</u>	9. AGE (In years last birthday) <u>51</u>	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) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis No Russia</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	--	---

13a. FATHER'S NAME <u>Harry Salzberg</u>	13b. MOTHER'S MAIDEN NAME <u>Lena Yappnick</u>	14. NAME OF HUSBAND OR WIFE <u>Freda</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>482-10-5614</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Freda Salzberg</u>	ADDRESS <u>755 Heman</u>
--	--	---	--------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS</u> <u>5 YRS</u> <u>5 YRS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL ACCIDENT</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u> DUE TO (c) <u>CNS LES</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>026X</u>	

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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 5/26 ¹⁹46 to 9/24, 1951, that I last saw the deceased alive on 9/15, 1951, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Harry Green</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>6347 N. Grand</u>	23c. DATE SIGNED <u>9/24/51</u>
-----------------------------------	-----------------------------	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9/25/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chevre Kadisha</u>	24d. LOCATION (City, town, or county) (State) <u>University City Mo.</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>9-25-51</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Domke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial</u>	ADDRESS <u>4715 McPherson</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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Henry L. Ludwig*
Licensed Embalmer No. *429 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.