

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39431

State File No. ....

FILED DEC 1 1951

10480

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEWISH HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>5768 WESTMINSTER</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ZELIG, SOL</u> b. (Middle) c. (Last) <u>MELLMAN</u>		4. DATE OF DEATH (Month) <u>NOV</u> (Day) <u>25</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>unk</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DRESS CUTTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MANF.</u>	11. BIRTHPLACE (State or foreign country) <u>USSR</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Shtolma</u>	13b. MOTHER'S MAIDEN NAME <u>Toba Appelbaum</u>	14. NAME OF HUSBAND OR WIFE <u>ANNA</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>UNK</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs Anna Melman 5768 Westminister</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephrosclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>10 yrs</u>

19a. DATE OF OPERATION <u>none</u>	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) <u>St Louis MO MO</u>
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? <u>442X</u>

22. I hereby certify that I attended the deceased from 11, 1948, to 11-25, 1951, that I last saw the deceased alive on 11-25, 1951, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Melvin B. Kristein MD</u>	23b. ADDRESS <u>607 N. Grand, St Louis Mo</u>	23c. DATE SIGNED <u>11-25-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>11/26/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chester Hill Smith</u>
24d. LOCATION (City, town, or county) (State) <u>University City Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Berge Memorial 915 Melman</u>
DATE REC'D BY LOCAL REG. <u>NOV 26 1951</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>

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

*James A. Anderson*  
.....  
Licensed Embalmer No. 4329

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.