

No. 300  
10-28

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40274

FILED DEC 15 1951

State File No. ....

BIRTH NO. .... REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3799

1. PLACE OF DEATH a. COUNTY <u>St. Louis 4000</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural: Airport Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS 2069</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1460<sup>th</sup> MONTICNA 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEWISH SANATORIUM</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CELIA</u> b. (Middle) c. (Last) <u>MILLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 24 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unm</u>	
8. DATE OF BIRTH <u>unm</u>		9. AGE (In years last birthday) <u>27 73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>USSR 6</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Isaac Hochman</u>		13b. MOTHER'S MAIDEN NAME <u>unm</u>	
14. NAME OF HUSBAND OR WIFE <u>Haskell</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>unm</u>	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS			

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) <u>Cerebral Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertensive arteriosclerotic heart disease</u>				9 years	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
						<u>4200</u>	

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?	
22. I hereby certify that I attended the deceased from <u>Sept. 21, 1947</u> , to <u>Nov. 24, 1951</u> , that I last saw the deceased alive on <u>Nov. 23, 1951</u> , and that death occurred at <u>11:05 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Delia Simon M.D.</u>		23b. ADDRESS <u>Jewish Sanatorium Fee Fee Road, Robertson, Mo.</u>		23c. DATE SIGNED <u>11.24.51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/25/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Heida She Emmet</u>	
		24d. LOCATION (City, town, or county) (State) <u>University City Mo</u>			
DATE REC'D BY LOCAL REG. <u>11-24-51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Lomke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Berger Memorial 670 Maple St</u>	

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

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**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 J. Rudwig*  
.....  
Licensed Embalmer No. *42119*

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.