No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 10 1952

State File No. 42786

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11057

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) 45 yrs.
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 2064
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 5067 Highland

3. NAME OF DECEASED (Type or Print) a. (First) Morris b. (Middle) c. (Last) Brody
4. DATE OF DEATH (Month) (Day) (Year) 12 - 14 - 51
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH (Month) (Day) (Year) ~~Unk~~ July 10 1884
9. AGE (In years last birthday) ~~Ab 72~~ 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) Presser
10b. KIND OF BUSINESS OR INDUSTRY Manf.
11. BIRTHPLACE (State or foreign country) USSR
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Unk
13b. MOTHER'S MAIDEN NAME unk.
14. NAME OF HUSBAND OR WIFE Ida
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 Max Brody ADDRESS 7345 Balson

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno carcinoma of the stomach — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. generalized arteriosclerosis

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? 151X

I hereby certify that I attended the deceased from 12-1, 1951, to 12-14, 1951, that I last saw the deceased alive on 12-14, 1951, and that death occurred at 12 noon, from the causes and on the date stated above.

23a. SIGNATURE Maurice Goldstein (Degree or title) M.D.
23b. ADDRESS 216 N. Kingshighway
23c. DATE SIGNED 12-14-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 12/14/51
24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth C
24d. LOCATION (City, town, or county) University City (State) Mo.

DATE FILED BY LOCAL REGISTRAR DEC 14 1951 REGISTRAR'S SIGNATURE Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial ADDRESS 4715 McPherson

(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

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
~~County~~ City of St. Louis

State File No. 42784
Local Registrar's No. 11057

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 3rd day of JAN., 1952 before me appears Marvin A. Stern - of Berger Memorial, who, upon his oath, states that the original record of ~~birth~~ death for Morris Brody died Dec. 14, 1951, in the State of Missouri, and which was filed at St. Louis Mo on Dec 15, 1951, should be corrected as follows:

Item No. 8 should read ~~MAY 1884~~ July 10 - 1884
Instead of UNKNOWN

Item No. 9 should read 67
Instead of about 71

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Berger Memorial
by Marvin A. Stern
4715 McPherson
Present Address.

Fun. Dir.
Relationship.

Subscribed and sworn to before me this 3rd day of January, 1952

My Commission expires June 8, 1955 [signature] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

My Metropolitan Ins. Valley [illegible] 9-17-1929.

n V. S. 135
M—4-43
I X36667