

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2599

State File No.

FILED FEB 8 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002** Registrar's No. **0391**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City, Missouri, | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital | | d. STREET ADDRESS (If rural, give location) 800 Eastgate | |

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|--|-------------|-----------|----------------------|-------|--------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) | b. (Middle) | c. (Last) | (Month) | (Day) | (Year) |
| SAMUEL (aka (SAM)) | | | Jan. 12, 1952 | | |

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|-----------------------|----------------------------------|--|---|---------------------------------|-----------------|-----------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Dec. 8, 1896 | 9. AGE (In years last birthday) | IF UNDER 1 YEAR | IF UNDER 4 HRS. |
| | | | | 55 | Months | Days |

| | | | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oilier | 10b. KIND OF BUSINESS OR INDUSTRY Pumping Station | 11. BIRTHPLACE (State or foreign country) Philadelphia, Pa. | 12. CITIZEN OF WHAT COUNTRY? USA |
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|---|--|--|
| 13a. FATHER'S NAME Abraham Bolt | 13b. MOTHER'S MAIDEN NAME Jennie Laban | 14. NAME OF HUSBAND OR WIFE Ethel Bolt |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes | 16. SOCIAL SECURITY NO. Mexican Revolt 493-07-7982 | 17. INFORMANT'S SIGNATURE OR NAME Ethel Bolt | ADDRESS 800 Eastgate Ave. |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 3 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial damage DUE TO (c) changing posture | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| | | |
|--|--|---|
| 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? H201 |
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22. I hereby certify that I attended the deceased from **1-16-**, 19**52**, to **1-12-**, 19**52**, that I last saw the deceased alive on **1-12-**, 19**52**, and that death occurred at **7:25** m., from the causes and on the date stated above.

| | | | |
|--|-------------------|--|------------------------------------|
| 23a. SIGNATURE Colon P. Harris, M.D. | (Degree or title) | 23b. ADDRESS 6826 Natour at Bridge | 23c. DATE SIGNED 1-14-52 |
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|--|-------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1/15/1952 | 24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth | 24d. LOCATION (City, town, or county) (State) University City, Mo. |
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|--|---|--|---|
| DATE REC'D BY LOCAL REG. JAN 14 1952 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] | ADDRESS Berger Memorial 4715 McPherson Ave. |
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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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Quinn J. Andrews
.....
Licensed Embalmer No. 4339

Signed.....
Student Embalmer

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.