

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3096

FILED FEB 8 1952

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State File No. 224

Registrar's No. 0224

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ Mo. b. COUNTY _____ St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____ St. Louis		c. LENGTH OF STAY (in this place) _____ 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____ University City		4.336	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____ Jewish Hosp.			d. STREET ADDRESS (If rural, give location) _____ 800 Eastgate				
3. NAME OF DECEASED (Type or Print) _____ Bessie		a. (First) _____ b. (Middle) _____ c. (Last) _____ MAX		4. DATE OF DEATH (Month) (Day) (Year) _____ Jan. 8, 1952			
5. SEX _____ Female	6. COLOR OR RACE _____ White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ Widowed	8. DATE OF BIRTH _____ unk	9. AGE (In years last birthday) _____ ab 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) _____ USSR 6		12. CITIZEN OF WHAT COUNTRY? _____ USA	
13a. FATHER'S NAME _____ Unk. Goorman		13b. MOTHER'S MAIDEN NAME _____ Unk		14. NAME OF HUSBAND OR WIFE _____ Sam.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ No		16. SOCIAL SECURITY NO. _____ None		17. INFORMANT'S SIGNATURE OR NAME _____ Harry Max 800 Eastgate 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ Arteriosclerosis Ht disease 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.				INTERVAL BETWEEN ONSET AND DEATH _____ years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____ H 200			
22. I hereby certify that I attended the deceased from _____ June 1950, to _____ Jan 8, 1952, that I last saw the deceased alive on _____ Jan 8, 1952, and that death occurred at _____ 7:30 P. m., from the causes and on the date stated above.							
23a. SIGNATURE _____ Raymond Charvas			23b. ADDRESS _____ 634 N. Grand		23c. DATE SIGNED _____ 1/9/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____ Removal		24b. DATE _____ 1/10/52	24c. NAME OF CEMETERY OR CREMATORY _____ Chesed Shel Emeth		24d. LOCATION (City, town, or county) (State) _____ University City Mo.		
DATE REC'D BY LOCAL REG. _____ JAN 9 1952		REGISTRAR'S SIGNATURE _____ Carl Smith		FUNERAL DIRECTOR'S SIGNATURE _____ Berger		ADDRESS _____ Memorial 4715 McPherson	

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

Lewis L. Ludwig
4229

Licensed Embalmer No.

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.