

FILED FEB 27 1952

STANDARD CERTIFICATE OF DEATH

6554

State File No. 1088

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1088

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 1088		Registrar's No. 1088					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo.									
b. CITY OR TOWN St. Louis				c. LENGTH OF STAY (in this place) 72 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2149							
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Cante to City Hosp.</i>				d. STREET ADDRESS (If rural, give location) 14 6305 Oleatha 0									
3. NAME OF DECEASED (Type or Print) a. (First) MAX			b. (Middle) LEDERMAN			c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Feb 2 1952				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 8, 1879		9. AGE (In years last birthday) 72		# UNDER 1 YEAR Months _____		# UNDER 1 HR. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Employee				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Herman Lederman				13b. MOTHER'S MAIDEN NAME Jessie Jacob				14. NAME OF HUSBAND OR WIFE Mabel					
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 ADDRESS Mrs. Mabel Lederman 6305 Oleatha							
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.				MEDICAL CERTIFICATION									
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris				INTERVAL BETWEEN ONSET AND DEATH 3 years					
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-Renal-Vascular Disease 3 years									
				DUE TO (c) Simple Arterio Sclerosis 2									
				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 checked="" 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? H202							
22. I hereby certify that I attended the deceased from Jan 14, 1952, to Feb 2, 1952, that I last saw the deceased alive on Jan 19, 1952, and that death occurred at 11 P. m., from the causes and on the date stated above.													
23a. SIGNATURE St. Louis Schuchat MD (Degree or title)					23b. ADDRESS 3466 Flora Place					23c. DATE SIGNED 2-3-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/6/52		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive			24d. LOCATION (City, town, or county) (State) University City Mo.						
DATE REC'D BY LOCAL REG. FEB 4 1952			REGISTRAR'S SIGNATURE J. Carl Smith, MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger 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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. *4239*

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.