

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10108

State File No. ....

LED APR 12 1952

2922

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>4910 W. Pine Forest Park Hotel</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>HARRY</b>	b. (Middle) <b>M.</b>	c. (Last) <b>HOLZMAN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 27, 1952</b>
-------------------------------------	-------------------------	-----------------------	--------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Unknown</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>Aut. 53</b>
--------------------	-------------------------------	---	---------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dentist</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Russia</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	-----------------------------------	---	---

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Dorothy Holzman</b>
-----------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. H. M. Holzman-Forest Park Hotel</b>
--	-------------------------	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular accident</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <b>Arteriosclerosis</b> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>Hypertension</b>		
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 checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>331X</b>
--	--	--

22. I hereby certify that I attended the deceased from **3/27**, 19**52**, to **3/27**, 19**52**, that I last saw the deceased alive on **3/27**, 19**52**, and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Herma M. Meyer M.D.</b>	23b. ADDRESS <b>4409 West Pine</b>	23c. DATE SIGNED <b>3/27/52</b>
---	------------------------------------	---------------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3/30/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Beth Hamedrosh Hagodol Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <b>MAR 28 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Funeral Home 5216 P. Ave.</b>
---	---	---

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 \_\_\_\_\_

..... Student Embalmer No. ....

working under my personal supervision.

Signed *Peter B. Dubouillet*

Signed .....  
Student Embalmer

Licensed Embalmer No. *3691*

P. O. Address *Palmer Heights, Mo.*

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.