

FILED APR 12 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 10579  
Registrar's No. 2722

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2722</b>		
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. LENGTH OF STAY (In this place) <b>49 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>			<b>2059</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5922 PLYMOUTH AVE</b>				d. STREET ADDRESS (If rural, give location) <b>5922 PLYMOUTH</b>				
3. NAME OF DECEASED (Type or Print) <b>HENRY</b>		a. (First)		b. (Middle)		c. (Last) <b>SHALIN</b>		
4. DATE OF DEATH <b>MAR 22 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>ab. 1881</b>		9. AGE (In years last birthday) <b>ab. 71</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RABBI</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <b>Lithuania</b>		
12. CITIZEN OF WHAT COUNTRY? <b>UNK</b>			13a. FATHER'S NAME <b>Jacob Shalin</b>		13b. MOTHER'S MAIDEN NAME <b>Brina (unk)</b>		14. NAME OF HUSBAND OR WIFE <b>Paula Shalin</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>499-36-0543</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Paula Shalin 5922 Plymouth</b>				
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) <b>Coronary Occlusion (infarction)</b> 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) <b>Hypertension, arteriosclerosis</b> DUE TO (c) <b>Diabetes Mellitus</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 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? <b>2ledX</b>						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>11:58 p.m.</b> on _____, 19____, and on the causes and on the date stated above.								
23a. SIGNATURE <b>W. H. Olmsted</b>			23b. ADDRESS <b>3720 Washington</b>		23c. DATE SIGNED <b>3/23/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal 4</b>		24b. DATE <b>3/23/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hevre Kedisha Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Univ. City, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>MAR 24 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>BERGER MEMORIAL 4715 McPherson</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.....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

*Noty Embalsmd*  
Student Embalmer No. ....  
Signed *Lewis L Ludwig*  
Licensed Embalmer No. *42297*

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.