

FILED MAR 20 1952

STANDARD CERTIFICATE OF DEATH

State File No. 10890

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 549

I. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) Clayton

c. LENGTH OF STAY (In this place) 4 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION 6612 Alamo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Mo. b. COUNTY St. Louis

c. CITY (If outside corporate limits, write RURAL and give township) Clayton

d. STREET ADDRESS (If rural, give location) 6612 Alamo

3. NAME OF DECEASED

a. (First) ABRAHAM b. (Middle) _____ c. (Last) FISHMAN

4. DATE OF DEATH (Month) (Day) (Year) Feb. 27, 1952

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married

8. DATE OF BIRTH Jan. 15, 1884 **9. AGE** (In years) (Months) (Days) (Hours) (Min.) 68

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired

10b. KIND OF BUSINESS OR INDUSTRY Prof. Bondsman

11. BIRTHPLACE (State or foreign country) USSR 6

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jerome Fishman **13b. MOTHER'S MAIDEN NAME** Rose Unk. **14. NAME OF HUSBAND OR WIFE** Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Mrs. E. Fishman **ADDRESS** 6612 Alamo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) malnutrition

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma Bladder

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 181X

INTERVAL BETWEEN ONSET AND DEATH 2 weeks

3 years

19a. DATE OF OPERATION April 1951 **19b. MAJOR FINDINGS OF OPERATION** Carcinoma Bladder **20. AUTOPSY?** YES NO

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** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from April, 1951, to Feb 27, 1952, that I last saw the deceased alive on Feb 27, 1952, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE Harry Cutler (Degree or title) MD **23b. ADDRESS** 607 W. Grand **23c. DATE SIGNED** 2/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 2/29/52 **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. 2-28-52 **REGISTRAR'S SIGNATURE** Harriet P. Dinkler MD **25. FUNERAL DIRECTOR'S SIGNATURE** Berger Memorial **ADDRESS** 4715 Mc'herson

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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

Student Embalmer No.....

Signed

Lewis L. Ludwig
Licensed Embalmer No. *4229*

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.