No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10894

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 759

1. PLACE OF DEATH
a. COUNTY: St, Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (In this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Louis County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St.Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton 4442
d. STREET ADDRESS (If rural, give location): 8029 Seminole

3. NAME OF DECEASED (Type or Print): a. (First) Rose b. (Middle) c. (Last) Fox
4. DATE OF DEATH (Month) (Day) (Year): 3 20 52
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. 80 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): USSR
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Unk.
13b. MOTHER'S MAIDEN NAME: Unk.
14. NAME OF HUSBAND OR WIFE: Aaron
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: Samuel Fox ADDRESS: 8029 Semonole

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3½ hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) cerebral contusion — "
DUE TO (c) depressed skull fracture — "

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* fractured ribs — "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 90 x 0-21
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.): AT Home
21c. (CITY, TOWN, OR TOWNSHIP) CLAYTON (COUNTY) ST. LOUIS (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 20 52 11½ a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? ACCIDENTAL FALL FROM WINDOW

22. *I hereby certify that I attended the deceased from* 3-20, 1952 *to* 3-20, 1952 *that I last saw the deceased alive on* 3-20, 1952, *and that death occurred at* 3:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Philip L. Wachtel (Degree or title) M.D.
23b. ADDRESS: 601 S. Brentwood Clayton
23c. DATE SIGNED: 3-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/21/52
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.: 3-21-52
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Berger Memorial 4715 McPherson

(Licensed Embalmer's Statement on Reverse Side)

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 Jesus J. Indurg

Licensed Embalmer No. 4229

P. O. Address .....

Signed .....
Student Embalmer

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.