

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11425

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6026 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Airport Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2507</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEWISH SANATORIUM</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) _____ c. (Last) <u>KERMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>21</u> <u>52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Unknown</u>
9. AGE (In years last birthday) <u>Abt. 84</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 2 HRS: Hours _____ Mins. _____		11. BIRTHPLACE (State or foreign country) <u>Poland</u> <u>+</u>	
10a. USUAL OCCUPATION (Give kind of work or business if retired) <u>Cabinet Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>/</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Tillie Kerman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>/</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Benj. Kerman-5828 DeGiverville</u>	

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) <u>Cancer of the lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Known since 4 months</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Hypertensive and arteriosclerotic heart disease</u> <u>Known since many years</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1634</u>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 4, 1950, to January 21, 1952, that I last saw the deceased alive on January 21, 1952, and that death occurred at 1:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Elis Hanson M.D.</u>		(Degree or title) <u>D</u>		23b. ADDRESS <u>Jewish Sanatorium</u> <u>Fee Fee Road, Robertson, Mo.</u>	
23c. DATE SIGNED <u>1/21/52</u>		24a. BURIAL CREMATORY (Specify)		24b. DATE <u>1/28/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth Cem. St. Louis County, Mo.</u>		24d. LOCATION (City, town, or county) (State)			

DATE REC'D BY LOCAL REG. <u>1-22-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dornke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold K. ...</u>	
				ADDRESS <u>16 DeLuna</u>	

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.

Student
Student Embalmer

Signature *John B. Dubrouillet*

Licensed Embalmer No. *3691*

P. O. Address *Richmond 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.