

REC MAY 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14896
Registrar's No. 3742

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 5579 Ridge	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5579 Ridge			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) HYMAN	b. (Middle) WAXMAN	c. (Last) WAXMAN	(Month) April	(Day) 21	(Year) 1952

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Unk.	9. AGE (In years last birthday) Ab 59	10. UNDER 1 YEAR Months	11. UNDER 10 HRS. Hours	12. UNDER 1000 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tur scrapper	10b. KIND OF BUSINESS OR INDUSTRY Wycle furs	11. BIRTHPLACE (City and State or Foreign Country) Lithuania	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Leib Waxman	13b. MOTHER'S MAIDEN NAME Unk	14. NAME OF HUSBAND OR WIFE Yetta
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unk	17. INFORMANT'S SIGNATURE OR NAME Mrs. Yetta Waxman	ADDRESS 5579 Ridge
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis - general DUE TO (c) Arteriosclerosis Hypertensive disease		
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 4200
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22. I hereby certify that I attended the deceased from Dec 28, 1951, to 4-21, 1952, that I last saw the deceased alive on 4-15, 1952, and that death occurred at 6:20 A. m., from the causes and on the date stated above.

23a. SIGNATURE Edward J. Berger (Degree or title) MD	23b. ADDRESS 457N Kingshighway	23c. DATE SIGNED 4-21-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/22/52	24c. NAME OF CEMETERY OR CREMATORY Chevra Kadisha	24d. LOCATION (City, town, or county) (State) University City, Mo.
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DATE REC'D BY LOCAL REG. APR 21 1952	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial	ADDRESS 4715 McPherson
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(Licensed Embalmer's Statement on Reverse Side)

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

Signed *James G. Anderson*
Licensed Embalmer No. 4359

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.