.S. No. 300
EV. 10.48

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

FILED JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22638

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5455

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (In this place): 18 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis State Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis 2139
d. STREET ADDRESS (If rural, give location): 13 5400 Arsenal St.

3. NAME OF DECEASED (Type or Print)
a. (First): BEN
b. (Middle):
c. (Last): SHANKER

4. DATE OF DEATH (Month) (Day) (Year): June 12 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 45 — 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): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): USSR 6
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Abraham Shanker
13b. MOTHER'S MAIDEN NAME: Lena Shanker
14. NAME OF HUSBAND OR WIFE: Rose

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 ADDRESS: Sol Shanker 1414 Hodiamont

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: few minutes

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 4201

22. *I hereby certify that I attended the deceased from* Jan. 1, 1950, *to* June 12, 1952, *that I last saw the deceased alive on* June 12, 1952, *and that death occurred at* 2:40p *m., from the causes and on the date stated above.*

23a. SIGNATURE: John Schlenker (Degree or title) MD
23b. ADDRESS: 5400 Arsenal
23c. DATE SIGNED: 6/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6/13/52
24c. NAME OF CEMETERY OR CREMATORY: Chesed Shel meth
24d. LOCATION (City, town, or county) (State): University City Mo

DATE REC'D BY LOCAL REG.: JUN 13 1952
REGISTRAR'S SIGNATURE: H. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Berger Memorial 4715 cPherson

(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 ..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Jewris J. 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.