

FILED JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22847**
Registrar's No. **5263**

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).	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis		a. STATE Illinois b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Venice	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 121 Granville Place	

3. NAME OF DECEASED (Type or Print)	a. (First) BEN	b. (Middle)	c. (Last) YANOW	4. DATE OF DEATH (Month) (Day) (Year) June 8, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) Abt. 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk	10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (City and State or Foreign Country) Russia	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Isiah Yanow	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mary Yanow
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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 487-18-3622	17. INFORMANT'S SIGNATURE OR NAME Mrs. Marvin Wallach ADDRESS 1100 Douglas Madison, Illinois
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prostatic Hypertrophy		INTERVAL BETWEEN ONSET AND DEATH 3 hrs
	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. Secondary postoperative hemorrhage		

19a. DATE OF OPERATION 5/21/52	19b. MAJOR FINDINGS OF OPERATION Prostatic Hypertrophy	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 610X
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22. I hereby certify that I attended the deceased from **5/11, 1952**, to **6/8, 1952**, that I last saw the deceased alive on **6/8, 1952**, and that death occurred at **10:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE Monis Abmauer	(Degree or title) M.D.	23b. ADDRESS 440 West Pine	23c. DATE SIGNED 6/9/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/10/52	24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. JUN 9 1952	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Harold ... ADDRESS 5216 ...
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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 *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.