

# STANDARD CERTIFICATE OF DEATH

State File No. ....

32693

FILED OCT 11 1952

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9008**

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City 4336</b>	
c. LENGTH OF STAY (in this place) <b>3 wks.</b>		d. STREET ADDRESS (If rural, give location) <b>800 Eastgate 1</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>HERTA</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Sept. 27, 1952</b>	

a. (First) <b>HERTA</b>		b. (Middle) _____		c. (Last) <b>Abraham</b>		<b>5. SEX</b> <b>Female</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>		<b>8. DATE OF BIRTH</b> <b>Dec. 2, 1900</b>		<b>9. AGE</b> (in years last birthday) <b>51</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>At Home</b>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____				<b>11. BIRTHPLACE</b> (State or foreign country) <b>Poland</b>				<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>Poland</b>							

<b>13a. FATHER'S NAME</b> <b>Jacob Hirsch</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unk</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>Arthur</b>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			<b>16. SOCIAL SECURITY NO.</b> <b>None</b>			<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Irwin Abraham</b>			<b>ADDRESS</b> <b>800 Eastgate</b>		

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Liver failure</b>							
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Cachexia</b>							
		DUE TO (c) <b>Intestinal Obstruction (Adhesions)</b>							
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.									

<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____						<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> _____		<b>(COUNTY)</b> _____		<b>(STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>5705</b>					

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 1:50A.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Richard J. Simon</b> (Degree or title) <b>MD</b>			<b>23b. ADDRESS</b> <b>6612 Washington Dr.</b>			<b>23c. DATE SIGNED</b> <b>9-27-52</b>		
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>		<b>24b. DATE</b> <b>9/28/52</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Chesed Shel, Emeth</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>University City Mo</b>		

<b>DATE REC'D BY LOCAL REG.</b> <b>SEP 29 1952</b>		<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Berger Memorial</b>		<b>ADDRESS</b> <b>4715 McPherson</b>	
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Not Embalmed Signed \_\_\_\_\_

*Joseph J. Rudwig*  
Licensed Embalmer No. *4209*

Signed.....  
Student Embalmer

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.