

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39937**
Registrar's No. **10325**

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 township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 1 wk.		2-12-9	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes		d. STREET ADDRESS (If rural, give location) 5385 Pershing	

3. NAME OF DECEASED (Type or Print) a. (First) DAVID (DAVE) b. (Middle) BERYLE c. (Last) AVIROM			4. DATE OF DEATH (Month) (Day) (Year) Nov. 9 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 69	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schochet		10b. KIND OF BUSINESS OR INDUSTRY Packing		11. BIRTHPLACE (State or foreign country) USSR	
13a. FATHER'S NAME unk. Avirom			13b. MOTHER'S MAIDEN NAME unk		14. NAME OF HUSBAND OR WIFE Goldie

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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Goldie Avirom ADDRESS 5885 Pershing	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelonephritis - Bilateral		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) prostatic obstruction DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis generalizd.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Benign enlarged prostate		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 610X	

22. I hereby certify that I attended the deceased from **11/3**, 19**52**, to **11/9**, 19**52**; that I last saw the deceased alive on **11/9**, 19**52**, and that death occurred at **11 P.** m., from the causes and on the date stated above.

23a. SIGNATURE Carl A. Watterberg MD (Degree or title)		23b. ADDRESS 3720 Washington Ave		23c. DATE SIGNED 11/10/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/11/52	24c. NAME OF CEMETERY OR CREMATORY Chebra Kadisha	24d. LOCATION (City, town, or county) (State) University City Mo.	

DATE REC'D BY LOCAL REG. NOV 10 1952	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial ADDRESS 4715 McPherson
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MD (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.

Signed.....
Student Embalmer

Signed

W. G. Ludwig

Student Embalmer No.....

Licensed Embalmer No. *4577*

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.