

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10664  
REG. DIST. NO. 318  
PRIMARY REG. DIST. NO. 1003

FILED DEC 12 1952

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>University City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>7464 Stanford</b>	

4346  
1

3. NAME OF DECEASED a. (First) <b>MIMI</b> (Type or Print)		b. (Middle)		c. (Last) <b>CALLISHER</b>		4. DATE OF DEATH (Month) <b>Nov.</b> (Day) <b>18,</b> (Year) <b>1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>12-25-1912</b>		9. AGE (In years last birthday) <b>39</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Buyer-Ladies Ready to Wear</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Russia</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Frank Zlutnick</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Barack</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY # <b>311-03-7584</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>George Zlutnick-7464 Stanford</b>	

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.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH <b>± 11 mos.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Ovary with Carcinomatosis</b>		
	ANTECEDENT CAUSES Morbidity 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 <b>JAN 52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Ovary</b>		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 <b>175X</b>	

22. I hereby certify that I attended the deceased from **Oct 1952**, to **Nov-19, 1952**, that I last saw the deceased alive on **Nov 14, 1952**, and that death occurred at **9:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Alfred Heishman MD</b>		23b. ADDRESS <b>462 N. Taylor St. St. Louis Mo</b>		23c. DATE SIGNED <b>11/20/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11/20/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Chebra Kadisha Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>NOV 19 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas Healy, Inc - 5211 Delmar</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

71

**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 *Robert B. Sabroullat*

Licensed Embalmer No. 3691

P. O. Address *Palmer, N.Y.*

**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.