

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40327**
Registrar's No. **10082**

FILED DEC 2 1952

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 OR TOWN St. Louis Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4626 Shenandoah Ave		d. STREET ADDRESS (If rural, give location) 17 4626 Shenandoah Ave			
3. NAME OF DECEASED (Type or Print) Harry		a. (First) b. (Middle) c. (Last) Hyman		4. DATE OF DEATH (Month) (Day) (Year) Nov 1, 1952	
5. SEX male 0	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 1, 1882	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman	10b. KIND OF BUSINESS OR INDUSTRY shoes	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME Pincus Hyman		13b. MOTHER'S MAIDEN NAME Hedwig Wall		14. NAME OF HUSBAND OR WIFE Clara	
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. 199-05-5800	17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Hyman		ADDRESS 4626 Shenandoah	
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) MEDICAL CERTIFICATION <i>Carcinoma of right kidney</i>		INTERVAL BETWEEN ONSET AND DEATH <i>One year</i>	
		ANTECEDENT CAUSES 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 4/3/52	19b. MAJOR FINDINGS OF OPERATION <i>Right nephrectomy - carcinoma of kidney found</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 180X			
22. I hereby certify that I attended the deceased from <u>3/11</u> , 19 <u>52</u> , to <u>11-1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-1</u> , 19 <u>52</u> , and that death occurred at <u>11</u> o'clock <u>PM</u> , from the causes and on the date stated above.					
23a. SIGNATURE <i>John Macnish, M.D.</i>		(Degree or title)		23b. ADDRESS 4405 W. Pine	23c. DATE SIGNED 11-3-52
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 11/3/52	24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo		
DATE REC'D BY LOCAL REG. NOV 3 1952	REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wagner</i>	ADDRESS 4356 Lindell Blvd	

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

Fred J. Farmer

Licensed Embalmer No. *4788*

P. O. Address *St. Louis, 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.