

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42421**
5369

FILED DEC 20 1952

BIRTH NO.		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No.
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		
c. LENGTH OF STAY (in this place) <u>32 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>3101 EAST 36th STREET</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Jewish Home for Aged July 1951</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 7 - 1952</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u>		b. (Middle) <u>SARAZAN</u>		c. (Last)
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 19 - 1858</u>	9. AGE (In years last birthday) <u>94</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED PRESIDENT DOMESTIC APPLIANCE, INC.</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>MORRIS SARAZAN</u>		13b. MOTHER'S MAIDEN NAME <u>PAULINE MIESS</u>		14. NAME OF HUSBAND OR WIFE Died 1931 <u>SARAH SARAZAN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>RALPH H. SARAZAN - 5011 TROOST - MISSOURI</u> ADDRESS <u>KANSAS CITY</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Hypostatic</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac decompensation</u> <u>3 months</u> DUE TO (c) <u>Arterio-sclerosis</u> <u>years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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?
22. I hereby certify that I attended the deceased from <u>July, 1951</u> , to <u>Dec 7, 1952</u> , that I last saw the deceased alive on <u>Dec 5, 1952</u> , and that death occurred at <u>4:30 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>B. Marcus Heller</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>416 Bryant Bldg</u>		23c. DATE SIGNED <u>12-8-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>12-8-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT OLIVE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis - MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>12-8-52</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcome's Son</u> ADDRESS <u>331 BROADWAY CREEK Kansas City, Mo.</u>

(Licensed Embalmers' 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Basil Woney

Licensed Embalmer No. *4724*

P. O. Address *Lisland, Me.*

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.