

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43629

State File No. 11453
Registrar's No. 11453

FILED JAN 10 1953

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) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 30 yrs.		d. STREET ADDRESS (If rural, give location) 5061 Enright Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5061 Enright Ave.		12. CITIZEN OF WHAT COUNTRY? USA	

3. NAME OF DECEASED (Type or Print) a. (First) IDA b. (Middle) _____ c. (Last) MARTIN			4. DATE OF DEATH (Month) (Day) (Year) Dec. 12, 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Unk.		9. AGE (In years last birthday) ab 90		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Poland	

13a. FATHER'S NAME Favi Shovitz		13b. MOTHER'S MAIDEN NAME Unk		14. NAME OF HUSBAND OR WIFE Solomon	
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 ADDRESS Jacob Martin #6 Layton Terr.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		DUE TO (b) Chronic Bronchitis			Years
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			15 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		_____			_____

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? 5021		

22. I hereby certify that I attended the deceased from Mar 1, 1938, to Dec. 12, 1952, that I last saw the deceased alive on Dec. 12, 1952, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE Jos. M. Orenstein, M.D.		23b. ADDRESS 4500 Olive St		23c. DATE SIGNED 12/12/52	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 12/12/52		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.	
24d. LOCATION (City, town, or county) (State) University City		24e. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.		24f. LOCATION (City, town, or county) (State) University City	

DATE REC'D BY LOCAL REG. DEC 12 1952		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 W. cPherson	
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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.

Not embalmed

Student Embalmer No. _____

Signed _____

Lewis R. Hardy

Signed _____

Student Embalmer

Licensed Embalmer No. _____

4229

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.