

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

**44573**

State File No. ....

**5770**

FILED JAN 17 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>45 years</b>		d. STREET ADDRESS (If rural, give location) <b>321 Ward Parkway</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home for Jewish Aged, 7801 Holmes</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Julius</b> b. (Middle) c. (Last) <b>Moch</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>12 29 52</b>		
---	--	--	--	--	--

<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>married</b>	<b>8. DATE OF BIRTH</b> <b>Jan. 28, 1878</b>	<b>9. AGE (In years last birthday)</b> <b>74</b>	<b>IF UNDER 1 YEAR</b> Months Days	<b>IF UNDER 24 HRS.</b> Hours Min.
------------------------------	---	---	---	---	---------------------------------------	---------------------------------------

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Ret. salesman - Rothenberg &amp; Schloss Cigar Co.</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Cigar Co.</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Germany</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>	
---	--	--	--	---	--	--	--

<b>13a. FATHER'S NAME</b> <b>Unknown</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Vera B. Moch</b>			
---	--	--	--	---	--	--	--

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>No</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. Vera B. Moch, 321 Ward Pkwy. KC Mo.</b>			
---	--	---	--	---	--	--	--

<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 days</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia, Hypostatic</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hemiplegia, et.</b> DUE TO (c) <b>Hypertension</b>						<b>4 Months</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<b>334X</b>	

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
-------------------------------	--	---	--	--	--	--	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)	
---	--	---	--	--	--

<b>21d. TIME OF INJURY.</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
---	--	--	--	-----------------------------------	--

**22. I hereby certify that I attended the deceased from Dec 2, 1952, to 12-29, 1952 that I last saw the deceased alive on 12-29, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>B. Marcus Heller</b> (Degree or title) <b>Dr. J. MD</b>		<b>23b. ADDRESS</b> <b>416 Bryant Bldg</b>		<b>23c. DATE SIGNED</b> <b>12-29-52</b>	
--	--	--	--	---	--

<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>12/31/52</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Elmwood</b>		<b>24d. LOCATION (City, town, or county)</b> (State) <b>Kansas City, Missouri</b>	
---	--	-------------------------------------	--	---	--	--	--

<b>DATE REC'D BY LOCAL REG.</b> <b>12-31-52</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Sheraldine Smith</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>STINE &amp; McCLURE, Kansas City, Mo.</b>			
--	--	---	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300  
0.48

**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 *J. S. Walton*

Licensed Embalmer No. *2744*

P. O. Address *N.C. 720*

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.