

FILED JAN 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

State File No. 2837

0387

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>3 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		<u>2469</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>1947 BIRD</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMIN</u>		b. (Middle) _____		c. (Last) <u>AXELBAUM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 12, 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec. 15, 1890</u>	
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>general contracting</u>		11. BIRTHPLACE (State or foreign country) <u>USSR</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Max Axelbaum</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Axelbaum</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie</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>492-207485</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bessie Axelbaum 1947 Bird</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Renal failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Glomerulonephritis</u> DUE TO (c) <u>ASHD</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES ☐ NO ☒	
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. HOW DID INJURY OCCUR? <u>4200</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from <u>Dec. 20, 1952</u> , to <u>Jan 12, 1953</u> , that I last saw the deceased alive on <u>Jan 12, 1953</u> , and that death occurred at <u>7:12 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Edwin W. Hays</u>		(Degree or title) _____		23b. ADDRESS <u>Funeral Hays, St. L.</u>		23c. DATE SIGNED <u>1/13/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/18/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>	
DATE REC'D BY LOCAL REG. <u>JAN 13 1953</u>		REGISTRAR'S SIGNATURE <u>Charles Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Removal</u>		ADDRESS <u>8715 Madison</u>	

(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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 42297

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.