

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

3386

State File No. ....

FILED JAN 28 1953

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>0447</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (in this case) <b>2 months</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		<b>2069</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>5920 Ridge</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b> b. (Middle) _____ c. (Last) <b>Lazar</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 13, 1953</b>				
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Nov 4, 1922</b>	9. AGE (In years last birthday) <b>30</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of preceding 12 m., or if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Dance Studio</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Budapest Hungary</b>		12. CITIZEN OF WHAT COUNTRY? <b>no</b>	
13a. FATHER'S NAME <b>not known</b>		13b. MOTHER'S MAIDEN NAME <b>not known</b>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <b>no</b>		16. SOCIAL SECURITY (If you, give war or dates of service) <b>491-34-7459</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Bernice Dixon</b> ADDRESS <b>2810 Cherokee</b>			
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) <b>Cerecromatosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>? CA of Pneumonia &amp; metast.</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <b>approx. 4 hrs.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <b>157X</b>			
22. I hereby certify that I attended the deceased from <b>Nov. 10, 1952</b> to <b>Jan 13, 1953</b> , that I last saw the deceased alive on <b>Jan 13, 1953</b> , and that death occurred at <b>3:00P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Edney Goldberg, MD</b>				23b. ADDRESS <b>Jewish Hosp</b>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>1/16/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Mt. Sinai Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Co, Mo.</b>		
DATE RECD BY LOCAL <b>JAN 15 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J L Ziegenhein &amp; Sone</b> ADDRESS <b>7027 Gravois</b>			

WRITE PLAINLY—USING UNFAADING 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 Neville D. Frodewitter

Licensed Embalmer No. 3696

P. O. Address 7027 Harris

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.