

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7711**
Registrar's No. **1502**

FILED FEB 26 1953

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	State File No. 7711		Registrar's No. 1502
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) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 25 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069		
d. FULL NAME OF HOSPITAL OR INSTITUTION 5917 Hamilton Terrace			e. STREET ADDRESS (If rural, give location) 5917 Hamilton Terrace			
3. NAME OF DECEASED (Type or Print) a. (First) BELLA b. (Middle) _____ c. (Last) KOTTLER			4. DATE OF DEATH Feb. 7, 1953 (Month) (Day) (Year)			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH unk	9. AGE (In years, months, days, hours, min.) 40 05		10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) USSR 6		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Solomon Kutcher		13b. MOTHER'S MAIDEN NAME Paula (unk)		14. NAME OF HUSBAND OR WIFE Isadore		
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. Unk		17. INFORMANT'S SIGNATURE OR NAME ADDRESS I. Kottler 5917 Hamilton Terr.		
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis 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
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? 4201		
22. I hereby certify that I attended the deceased from Jan 6, 1953 to Feb 7, 1953 , that I last saw the deceased alive on Jan 6, 1953 , and that death occurred at 12:30 a.m. , from the causes and on the date stated above.						
23a. SIGNATURE Michael M. Karl		23b. ADDRESS (Degree or title) W.D. 3520 Washington		23c. DATE SIGNED 2/1/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/9/53		24c. NAME OF CEMETERY OR CREMATORY Closed Shel Emeth		24d. LOCATION (City, town, or county) (State) University City Mo.
DATE REC'D BY LOCAL REG. FEB 9 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson		

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

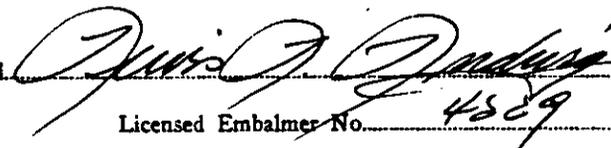
STATEMENT BY LICENSED EMBALMER

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  _____
Licensed Embalmer No. 4389

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.