

11896

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. ....

FILED MAR 31 1953

1003

2607

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. _____		State File No. ....		Registrar's No. ....					
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).								
a. COUNTY _____					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) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2069</u>								
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hosp.</u>					d. STREET ADDRESS (If rural, give location) <u>1354a Goodfellow</u>								
3. NAME OF DECEASED (Type or Print)			a. (First) <u>NATHAN</u>		b. (Middle) _____		c. (Last) <u>LENDING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 9, 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>Mar. 22, 1889</u>		9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retail Salesman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Mens Clothing</u>		11. BIRTHPLACE (State or foreign country) <u>Pola nd</u> <u>4</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>unk. Lending</u>				13b. MOTHER'S MAIDEN NAME <u>Unk</u>				14. NAME OF HUSBAND OR WIFE <u>Dorothy</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 <u>489-03-1390</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dorothy Lending</u>				ADDRESS <u>1354a Goodfellow</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>											
		ANTECEDENT CAUSES											
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.											
		DUE TO (b) _____											
		DUE TO (c) _____											
		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 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? <u>4201</u>									
22. I hereby certify that I attended the deceased from <u>3-8</u> , 19 <u>53</u> , to <u>3-9</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-9</u> , <u>1953</u> , and that death occurred at <u>1:20 a. m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>Michael M. Karl</u>				23b. ADDRESS <u>3720 Washington</u>				23c. DATE SIGNED <u>3-9-53</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/10/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Shel meth</u>		24d. LOCATION (City, town, or county) (State) <u>University City Mo.</u>							
DATE REC'D BY LOCAL REG. <u>MAR 9 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial</u>		ADDRESS <u>4715 McPherson</u>					

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

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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.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*Jesus P. Padua*  
.....  
Licensed Embalmer No. *4569*

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.