

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11972

State File No. ....

FILED MAR 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2166

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u> <u>4376</u>	
c. LENGTH OF STAY (in this place) <u>3</u> days		d. STREET ADDRESS (If rural, give location) <u>901 Shaindel</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hos p.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>NATHAN</u> b. (Middle) <u>MARCUS</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 25, 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>unk</u>		9. AGE (In years last birthday) <u>ab. 60</u>		10. MONTHS <u>0</u> DAYS <u>0</u> HOURS <u>0</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retail wear</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Roumania</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Unk. Marcus</u>		13b. MOTHER'S MAIDEN NAME <u>Pearl Unk.</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>Unk.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Marcus</u>		17. ADDRESS <u>901 Shaindel</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Thrombosis</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)			
DUE TO (c)					
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? <u>4201</u>	

22. I hereby certify that I attended the deceased from 1/10/49, 19  , to 2/25/53, 19  , that I last saw the deceased alive on Feb 25, 1953, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Julius Olson</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>607 N. Grand, St. Louis 3, Mo</u>		23c. DATE SIGNED <u>2/25/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2/26/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel meth em.</u>	
24d. LOCATION (City, town, or county) (State) <u>University City Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial</u>		25. ADDRESS <u>4715 McPherson</u>	

DATE REC'D BY LOCAL REG. <u>FEB 25 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial</u>	
				25. ADDRESS <u>4715 McPherson</u>	

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

*Wm. A. Gudwig*

Licensed Embalmer No. 4229

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.