

No. 300
10.48

FILED APR 4 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12268

State File No. _____

318

1003

3217

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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 Mo c. LENGTH OF STAY (In this place) 45 yrs.
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2079

d. FULL NAME OF HOSPITAL OR INSTITUTION 6060 Emma d. STREET ADDRESS (If rural, give location) 6060 Emma 0

3. NAME OF DECEASED a. (First) Gittel b. (Middle) _____ c. (Last) Satz 4. DATE OF DEATH (Month) (Day) (Year) March 24, 1953

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow 8. DATE OF BIRTH ab. 1864 9. AGE (In years last birthday) ab. 89 If under 1 year: Months _____ Days _____ If under 1 min. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) U S R 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Resnefsky 13b. MOTHER'S MAIDEN NAME unk 14. NAME OF HUSBAND OR WIFE Joseph

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mr Ben Satz ADDRESS 6060 Emma Ave

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerosis Heart Disease INTERVAL BETWEEN ONSET AND DEATH 1 year
ANTECEDENT CAUSES (b) Gen. Arterio sclerosis (c) _____
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 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. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 4200

22. I hereby certify that I attended the deceased from June 1944, to June 1953, that I last saw the deceased alive on Nov. 1952, and that death occurred at 2:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE Jessie M. Foster MD (Degree or title) 23b. ADDRESS 4409 W. Main 23c. DATE SIGNED 3/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify) removed 24b. DATE 3/26/53 24c. NAME OF CEMETERY OR CREMATORY Chebra Kadisha 24d. LOCATION (City, town, or county) (State) University City Mo

DATE REC'D BY LOCAL REG. MAR 25 1953 REGISTRAR'S SIGNATURE J. C. Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial ADDRESS 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 _____

James P. Anderson
Licensed Embalmer No. *4259*

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.