

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15681

State File No. ....

24543  
FILED APR 23 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3735

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> c. LENGTH OF STAY (in this place)  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b> <b>3346</b> d. STREET ADDRESS (If rural, give location) <b>7441 Tulane Avenue</b>	
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<b>3. NAME OF DECEASED</b> a. (First) <b>BABY</b> b. (Middle) c. (Last) <b>FISHMAN</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Apr. 8, 1953</b>			
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Single</b>	<b>8. DATE OF BIRTH</b> <b>April 7, 1953</b>	<b>9. AGE</b> (In years last birthday)	IF UNDER 1 YEAR Months <b>1</b> Days	IF UNDER 24 HRS. Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Infant</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>

<b>13a. FATHER'S NAME</b> <b>Herman Fishman</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Esther Broder</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>no</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Herman Fishman-7441 Tulane Ave.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <u>Intracranial Hemorrhage</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) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>  <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m. <b>76.00</b> <b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
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**22. I hereby certify that I attended the deceased from** April 7, 1953, to April 8, 1953, that I last saw the deceased alive on Apr. 7, 1953, and that death occurred at 4:45 m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Paul J. Zentay M.D.</u>	<b>23b. ADDRESS</b> <u>8515 Delmar</u>	<b>23c. DATE SIGNED</b> <u>Apr. 9, 53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>4/9/53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Chesed Shel Emeth Cem. St. Louis County, Mo.</b>	<b>24d. LOCATION</b> (City, town, or county) (State) (State)
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<b>DATE REC'D BY LOCAL</b> <b>APR 9 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <u>J. Earl Smith, MD</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Herman Rindskopf, Inc., 5216 Delmar</b>
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S. Licensed Embalmer's Statement on Reverse Side)

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 *Herman Rudstam*  
Licensed Embalmer No. \_\_\_\_\_

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.