

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

26323

FILED JUL 31 1953

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6632**

<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) <b>5WKS</b> 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>Illinois</b> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>East St. Louis</b> <b>8120</b> d. STREET ADDRESS (If rural, give location) <b>668 North 40th Street</b> <b>8</b>		
<b>3. NAME OF DECEASED</b> (Type or Print) <b>SAM (AKA SAMUEL)</b> a. (First) _____ b. (Middle) _____ c. (Last) <b>FINKEL</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>July 3rd 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>married</b>	<b>8. DATE OF BIRTH</b> <b>Unknown</b>	<b>9. AGE</b> (In years last birthday) <b>ab. 65</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retailer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Groceries</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>USSR</b>	
<b>13a. FATHER'S NAME</b> <b>Michael Finkel</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Ruth (unk)</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Rose Finkel</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Rose Finkel</b> <b>ADDRESS</b> <b>668 N. 40th E. St. Louis</b>	
<b>MEDICAL CERTIFICATION</b>					
<b>18. CAUSE OF DEATH</b> 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.				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>4 yrs</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>art. Sclerotic C.V. Disease</b> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				<b>3 yrs</b>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Chr. Nephritis</b>				<b>3 yrs</b>	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>D</b>		<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>420.0</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____	
<b>22. I hereby certify that I attended the deceased from Feb, 1949, to 7/3, 1953, that I last saw the deceased alive on 7/3, 1953, and that death occurred at 5:45 p.m., from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) <b>Richard S. Strauss, M.D.</b>			<b>23b. ADDRESS</b> <b>539 N. Grand</b>		
<b>23c. DATE SIGNED</b> <b>7/4/53</b>			<b>23d. LOCATION</b> (City, town, or county) (State) <b>Univ. City, Mo.</b>		
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>		<b>24b. DATE</b> <b>7/5/53</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Chesed Shel Emeth</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>JUL 6 1953</b>		<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Address</b> <b>Berger Memorial 4715 McPherson</b>	

SEP 4 1953

STATEMENT BY LICENSED EMBALMER

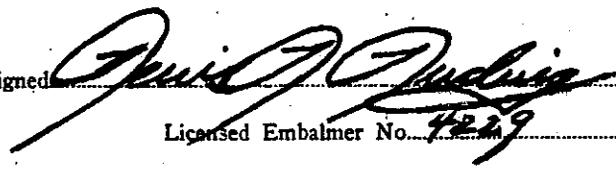
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 4229

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed; fact should be so stated above.