

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26574

State File No.

Registrar's No. 6763

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 6763					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI						b. COUNTY ST. FRANCOIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS			c. LENGTH OF STAY (in this place)		c. CITY OR TOWN DES LOGE			d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL				e. STREET ADDRESS (If rural, give location)		0940							
3. NAME OF DECEASED (Type or Print)			a. (First) JOE		b. (Middle) —		c. (Last) KIRSHON		4. DATE OF DEATH (Month) (Day) (Year) JULY-8-1953				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH UNKNOWN		9. AGE (In years last birthday) 45 9		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT			10b. KIND OF BUSINESS OR INDUSTRY PRODUCE			11. BIRTHPLACE (City and State or Foreign Country) LITHUANIA			12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE BETTY KIRSHON							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of dates of service) YES W. W. # 1			16. SOCIAL SECURITY NO. UNKNOWN			17. INFORMANT'S SIGNATURE OR NAME ADDRESS BETTY KIRSHON-DES LOGE MO							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of rectum								INTERVAL BETWEEN ONSET AND DEATH 1 yr			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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. Cancer liver											
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) 154X								
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?								
22. I hereby certify that I attended the deceased from 7/3, 1953, to 7/8, 1953, that I last saw the deceased alive on 7/7, 1953, and that death occurred at 7:00 a. m., from the causes and on the date stated above.													
23a. SIGNATURE Louis Cohen M.D. (Degree or title)					23b. ADDRESS 4500 Olive St. St. Louis Mo			23c. DATE SIGNED 7/8/53					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE JULY-9-1953		24c. NAME OF CEMETERY BETH-HAMEDROSH HAGDOOL		24d. LOCATION (City, town, or county) (State) ST. LOUIS-COUNTY MO							
DATE REC'D BY LOCAL REG. JUL 8 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rindshoff Inc. 5216 Delmar								

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 2 1956

DEC 4 1957

OCT 5 1958

AUG 2 1959

JUL 31 1960

FEB 2 4 1954

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..... Signature of Student Embalmer

Signed *John B. Dubonville*

Licensed Embalmer No. *369*

P. O. Address *Rehman/deg*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.