

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26583

State File No.

6634

FILED JUL 31 1953.

318

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis		c. LENGTH OF STAY (in this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 207	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 339 DeBaliviere			
3. NAME OF DECEASED (Type or Print) a. (First) Michael		b. (Middle)		c. (Last) Koblenz	
4. DATE OF DEATH (Month) (Day) (Year) July 4, 1953		5. SEX female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Fe. 2, 1877		9. AGE (in years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10b. KIND OF BUSINESS OR INDUSTRY Garment Ind.		11. BIRTHPLACE (City and State or Foreign Country) Riga Latvia (USSR)	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Harry Koblenz		13b. MOTHER'S MAIDEN NAME (UNKNOWN)	
14. NAME OF HUSBAND OR WIFE Betty Koblenz		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 497-05-6349	
17. INFORMANT'S SIGNATURE OR NAME Sidney Goblenz		18. ADDRESS 5549 Pershing			
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.		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr Myocarditis		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertrophy of Prostate			
DUE TO (c)		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 <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? 4222	
22. I hereby certify that I attended the deceased from 7/2, 1953, to 7/5, 1953, that I last saw the deceased alive on 7/5, 1953, and that death occurred at 5:00a m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Benj. M. O.		23b. ADDRESS 7 Humboldt Blg		23c. DATE SIGNED 7/5/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/5/53		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Univ. City Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson			
DATE REC'D BY LOCAL REG. JUL 6 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson	

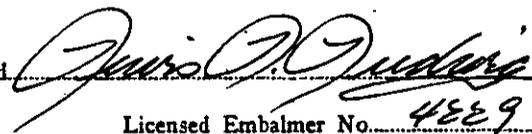
STATEMENT BY LICENSED EMBALMER

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. 4889

P. O. Address _____

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

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