

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 31 1953

State File No. **30425**  
Registrar's No. **7036**

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7036</b>			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>St. Louis</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place) <b>5 wks</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>UNIVERSITY CITY</b>		# <b>3460</b> /			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hosp</b>				d. STREET ADDRESS (If rural, give location) <b>7185 DARTMOUTH</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>DAVID</b> b. (Middle) <b>SINGMAN</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>July 17 1953</b>						
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>9-20-1884</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>6</b>	IF UNDER 12 HRS. Days <b>0</b>	Hours <b>0</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife maternal</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>USSR</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>David Singman</b>		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <b>Mary</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>unk</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS MARY SINGMAN 7145 DARTMOUTH</b>					
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) <b>CANCER of bladder</b>  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. <b>- NEPHRITIS - - ARTERIOSCLEROSIS -</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 mos.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>CARCINOMA of bladder (cystectomy)</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>181X</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>Jan 15, 1953</b> , to <b>July 17, 1953</b> , that I last saw the deceased alive on <b>July 16, 1953</b> , and that death occurred at <b>9 a m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Rose Brumberg M.D.</b>				23b. ADDRESS <b>Missouri Theatre Bldg</b>		23c. DATE SIGNED <b>7/17/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7/19/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emet</b>		24d. LOCATION (City, town, or county) (State) <b>UNIVERSITY CITY MO</b>				
DATE REC'D BY LOCAL REG. <b>JUL 17 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Therese 4715 N. Pherson</b>		ADDRESS			

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

STATEMENT BY LICENSED EMBALMER

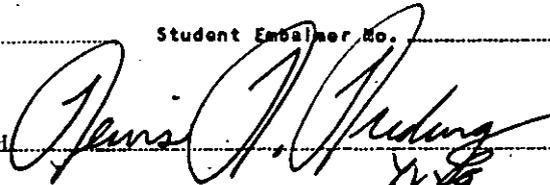
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 11279

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.