

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

FILED SEP 24 1953

State File No. **33737**
8166
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 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 town) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL			d. STREET ADDRESS (If rural, give location) 5707 Julian			
3. NAME OF DECEASED (Type or Print) a. (First) ABRAHAM		b. (Middle) MIRON		c. (Last) _____		
4. DATE OF DEATH Aug-22-1953		5. SEX Male		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) Abt 60		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAILOR		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) POLAND		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Mofris Mallis		13b. MOTHER'S MAIDEN NAME Unknown		
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown		
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Feder-5707 Julian Ave.		ADDRESS _____		18. CAUSE OF DEATH		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Myeloma ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH 9 mo.	
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? 203X		
22. I hereby certify that I attended the deceased from 1849 to Aug 22, 1953 , that I last saw the deceased alive on Aug 22, 1953 and that death occurred at 7:30 p.m. , from the causes and on the date stated above.						
23a. SIGNATURE Thomi Ales MD		23b. ADDRESS 601 Humboldt Bldg		23c. DATE SIGNED 8/23/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE AUGUST-24-1953		24c. NAME OF CEMETERY OR CREMATORY CHESED SHEL EMETH CEM		
24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO.		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. Earl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HERMAN RINDSKOPF INC, 5216 Delmar Blvd		

S.C. (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

John Ketter

Licensed Embalmer No. 3880

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.