

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
34070  
8840

318 PRIMARY REG. DIST. NO. 1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ 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 township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 5 5904 Enright Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) THEODORE b. (Middle) I. c. (Last) SINGER			4. DATE OF DEATH (Month) (Day) (Year) Sept. 11, 1953			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 11, 1884	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 8 Days -	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broke r		10b. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (State or foreign country) Austria 4		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Leopold Singer	13b. MOTHER'S MAIDEN NAME Elizabeth Shushisky	14. NAME OF HUSBAND OR WIFE Claudia B. Singer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 496-30-3505	17. INFORMANT'S SIGNATURE OR NAME Mrs. T.I. Singer-5904 Enright Avenue	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Uremia - Arterio Sclerotic.</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio Sclerosis Cerebral.</i> DUE TO (c) <i>Parkinson Syndrome.</i>		
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"/>
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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) 350 X
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 8-31, 1953, to 9-11, 1953, that I last saw the deceased alive on 9-10, 1953, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>H. Hayden M.D.</i> (Degree or title)	23b. ADDRESS 730. Hadkinson	23c. DATE SIGNED 9-10-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/13/53	24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. SEP 11 1953	REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE Herman Rindkopf, Inc., 5216 Delmar Blvd.	ADDRESS
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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 B. Dubroviak

Licensed Embalmer No. 2691

P. O. Address 59 Home Ave

**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.