

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34643

State File No.

4000
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BIRTH NO. FILED OCT 2 1953 REG. DIST. NO. 377 PRIMARY REG. DIST. NO. 500 Registrar's No. 2931

1. PLACE OF DEATH a. COUNTY <i>St Louis, Mo</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural: airport town</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>University City</i>	
c. LENGTH OF STAY (in this place) <i>6 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>97947 Cornell</i>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <i>JEWISH SANATORIUM</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Max</i> b. (Middle) c. (Last) <i>LANDES</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Sept. 12 1953</i>		
5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	
8. DATE OF BIRTH <i>(unknown)</i>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min. <i>ab. 80</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant</i>	
11. BIRTHPLACE (State or foreign country) <i>USSR</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. GROceries, Retail	

13a. FATHER'S NAME <i>Abraham Landes</i>		13b. MOTHER'S MAIDEN NAME <i>(unknown)</i>		14. NAME OF HUSBAND OR WIFE <i>Anna Landes</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>Unknown</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Simon Wolff 7947 Cornell</i>	

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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmon. Edema</i>		INTERVAL BETWEEN ONSET AND DEATH <i>24 hours</i>	
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		<i>86 years</i>	
		DUE TO (b) <i>Emphysema</i>			
		DUE TO (c) <i>Arteriosclerotic heart disease</i>			
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>5291</i>		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?	

22. I hereby certify that I attended the deceased from *Sept. 19, 1943*, to *Sept. 12, 1953*, that I last saw the deceased alive on *Sept. 12, 1953*, and that death occurred at *11:40 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Frank W. Fairberg M.D.</i>		23b. ADDRESS <i>462 N. Taylor</i>		23c. DATE SIGNED <i>9/13/53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>9/14/53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emet</i>	
				24d. LOCATION (City, town, or county) (State) <i>Univ. City, Mo.</i>	

DATE REC'D BY LOCAL REG. <i>9/13/53</i>		REGISTRAR'S SIGNATURE <i>Hebert B. Vonke, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Berger Memorial 4715 McPherson</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

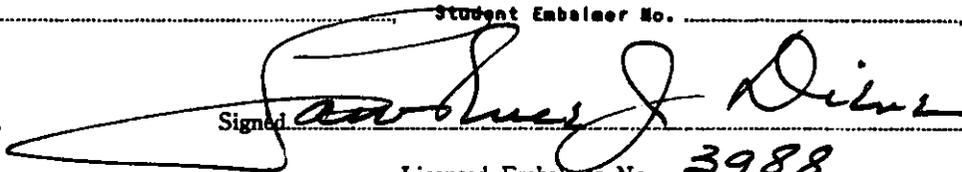
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

~~working under my personal supervision.~~

Student
Student Embalmer

Signed



Licensed Embalmer No. 3988

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.