

FILED OCT 2 1953

STANDARD CERTIFICATE OF DEATH

State File No. 34672

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2416

1. PLACE OF DEATH a. COUNTY <u>St Louis, Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>2149</u>	
b. CITY OR TOWN <u>Rural: Airport Townships</u> c. LENGTH OF STAY (in this place) <u>1 week</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEWISH SANATORIUM</u>		d. STREET ADDRESS (If rural, give location) <u>5449a THOLOZAN</u>	
3. NAME OF DECEASED a. (First) <u>Faye</u> b. (Middle) _____ c. (Last) <u>RADER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 9 1953</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced 3</u>	8. DATE OF BIRTH <u>(unk)</u>
9. AGE (In years last birthday) <u>ab 71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>U.S.S.R.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Peter Schinker</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah unknown</u>	14. NAME OF HUSBAND OR WIFE <u>divorced</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-20-5808</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Schinker 5449a</u> ADDRESS <u>THOLOZAN</u>
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) <u>Cancer of Colon (recurrent)</u> ANTECEDENT CAUSES Morbidity 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		153X	
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 <u>Mar 2, 1953</u> to <u>Sept. 9, 1953</u> , that I last saw the deceased alive on <u>Sept. 9, 1953</u> , and that death occurred at <u>6:10 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Irving H. Hamburger M.D.</u> (Degree or title)		23b. ADDRESS <u>462 No. Taylor</u>	23c. DATE SIGNED <u>9/9/53</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>9/13/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chevra Kadisha</u>	24d. LOCATION (City, town, or county) (State) <u>Univ City, Mo</u>
DATE REC'D BY LOCAL REG. <u>9/11/53</u>	REGISTRAR'S SIGNATURE <u>Harold R. Monte, MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial</u> ADDRESS <u>4715 McPherson</u>	

(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 _____

~~working under my personal supervision.~~

Student
Student Embalmer

Student Embalmer No. _____

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 the above constitutes grounds for revocation of license.)

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