

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37371
State File No. 37371
Registrar's No. 9608

FILED OCT 23 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1438 N. Grand Jewish Orthodox Old F.H.		e. STREET ADDRESS (If rural, give location) 1354 Montclair 2069	
3. NAME OF DECEASED a. (First) LOUIS (Type or Print)		b. (Middle)	
c. (Last) LAZAROFF		4. DATE OF DEATH (Month) (Day) (Year) Oct. 7, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH Sept. 16, 1876
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor	
11. BIRTHPLACE (City and State or Foreign Country) U.S.S.R.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Lazaroff		13b. MOTHER'S MAIDEN NAME Unk	
14. NAME OF HUSBAND OR WIFE Elizabeth Berger		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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. F. Taubenson	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis, Generalized</u> 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"/>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 331X		22. I hereby certify that I attended the deceased from <u>10/4</u> , 19 <u>53</u> , to <u>10/7</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10/6</u> , 19 <u>53</u> , and that death occurred at <u>845A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Roy Taubenson MD</u>		23b. ADDRESS 508 N. Grand	
23c. DATE SIGNED 10/7/53		24a. BURIAL, CREMATION, OR REMOVAL (Specify)	
24b. DATE Oct. 8/1953		24c. NAME OF CEMETERY OR CREMATORY Beth H'm. Hag.	
24d. LOCATION (City, town, or county) (State) Ladue, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial	
25. ADDRESS 4715 McPherson		DATE REC'D BY LOCAL REG. OCT 8 1953	
REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		REGISTRAR'S NAME mgs	

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.....
Signature of Student Embalmer

Signed .....
Licensed Embalmer No. 4259.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.