

FILED DEC 7 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38324

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1249

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 53 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		d. STREET ADDRESS (If rural, give location) 2926 Monterey Street	

3. NAME OF DECEASED (Type or Print) a. (First) MARCUS b. (Middle) _____ c. (Last) PITLUCK			4. DATE OF DEATH (Month) (Day) (Year) November 30, 1953		
5. SEX Male	6. COLOR OR RACE Jewish	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH November 14, 1884	9. AGE (In years) (last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Retail Grocer	11. BIRTHPLACE (State or foreign country) Russia.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Samuel Pitluck	13b. MOTHER'S MAIDEN NAME Mollie Burnett	14. NAME OF HUSBAND OR WIFE Ethel Rebecca Pitluck
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 500-36-1556	17. INFORMANT'S SIGNATURE OR NAME Mrs. Nate Saferstein ADDRESS St. Joseph, Mo.

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		INTERVAL BETWEEN ONSET AND DEATH 2 hour
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 4201	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 11-30, 1953, to 11-30, 1953, that I last saw the deceased alive on 11-30, 1953, and that death occurred at 11:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Irwin J. Rosenthal M.D.	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 12-1-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 2, 1953	24c. NAME OF CEMETERY OR CREMATORY Shaare Sholem Cemetery
DATE REC'D BY LOCAL REG. Dec 4, 1953	REGISTRAR'S SIGNATURE Kathleen M. Allison	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
25. FUNERAL DIRECTOR'S SIGNATURE Amiechopper Fleeman		ADDRESS St. Joseph, Mo.

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

SEP 28 1958

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 Elbert R. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.