

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44371

State File No. ....

FILED JAN 12 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11850**

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 <b>Mo.</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>15 yrs</b>	c. CITY OR TOWN <b>Rich. Hgts.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hosp.</b>			e. STREET ADDRESS (If rural, give location) <b>2209 Yale</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ISABELLE</b>		b. (Middle)	c. (Last) <b>MARX</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12 15 1953</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Wid.</b>	8. DATE OF BIRTH <b>Unk.</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <b>ab. 66</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>		
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Mayer</b>		13b. MOTHER'S MAIDEN NAME <b>Unk</b>		
14. NAME OF HUSBAND OR WIFE <b>Solomon</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Carla Weinberg</b>		ADDRESS <b>2209 Yale</b>				
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) <b>Carcinoma of left lung</b>  ANTECEDENT CAUSES Morbid 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. <b>arteriosclerotic heart disease years</b> <b>Diabetes mellitus years</b>			INTERVAL BETWEEN ONSET AND DEATH <b>months</b>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>163X</b>		
22. I hereby certify that I attended the deceased from <b>10/23, 1948</b> , to <b>12/15, 1953</b> , that I last saw the deceased alive on <b>12/15, 1953</b> , and that death occurred at <b>12:15 AM.</b> , from the causes and on the date stated above.						
23a. SIGNATURE <b>Max S. Franklin M.D.</b>			23b. ADDRESS <b>634 N. Grand</b>		23c. DATE SIGNED <b>12/15/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem.</b>		24b. DATE <b>12/16/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Sinai</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo</b>	
DATE REC'D BY LOCAL REG. <b>DEC 16 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Berger Memorial 4715 McPherson</b>		

**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. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.**

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