

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45402

State File No.

FILED JAN 19 1954

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

12418

| | | | |
|---|-------------------------------|--|---------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>0</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>St. Louis</u>) | | c. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>St. Louis</u> <u>2059</u>) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>5</u> <u>5926 Enright</u> <u>0</u> | |
| 3. NAME OF DECEASED (Type or Print), a. (First) <u>LAURA</u> | | b. (Middle) | |
| c. (Last) <u>LABAN</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30, 1953</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Unknown</u> |
| 9. AGE (In years last birthday) <u>Abt. 72</u> | | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days |
| IF UNDER 1 YEAR Hours | | IF UNDER 1 YEAR Min. | |
| 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 | |
| 11. BIRTHPLACE (State or foreign country) <u>Poland</u> <u>4</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Israel Laban</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Israel Laban-</u> | | ADDRESS <u>5926 Enright Ave.</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>Myocardial Infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Vascular Disease</u> <u>10 years</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> <u>10 years</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 (Specify) <u>SUICIDE</u> <u>HOMICIDE</u> | | 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? <u>4200</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Oct. 10, 1949</u> to <u>Dec. 30, 1953</u> , that I last saw the deceased alive on <u>Dec. 29, 1953</u> , and that death occurred at <u>6:50 A. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Llewellyn Sale, Jr. M.D.</u> (Degree or title) | | 23b. ADDRESS <u>4500 Olive</u> | |
| 23c. DATE SIGNED <u>12/31/53</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL <u>removal</u> | | 24b. DATE <u>1/3/54</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>JAN 4 1954</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman Rindskopf, Inc.</u> | | ADDRESS <u>5216 Delmar</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 _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Arthur B. Duboisville*

Licensed Embalmer No. *3691*

P. O. Address *St. Louis, Mo.*

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.