

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45608

State File No.

FILED JAN 19 1954

1003

12296

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>D</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 township) OR TOWN <u>St. Louis</u>	c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	2069
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>6129a Page Blvd.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mabel</u> b. (Middle) <u>S.</u> c. (Last) <u>Victor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 28 1953</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>Nov-25-1881</u>	9. AGE (In years) (Month) (Day) (Year) <u>72 1 3</u>	10. UNDER 1 YEAR Hours _____	11. UNDER 1 MIN. _____
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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>Collinsville- Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Solomon Stampfer</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Hartman</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Victor</u>	
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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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stanley Victor 7229 Cornell- U.C.</u>			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u> <u>Generalized arteriosclerosis</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Post op from carcinoma of sigmoid</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>autopsy showed no spread</u>			INTERVAL BETWEEN ONSET AND DEATH <u>one week</u> <u>many years</u>
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19a. DATE OF OPERATION <u>Oct. 1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>Large carcinoma of sigmoid</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>153X</u>
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22. I hereby certify that I attended the deceased from 2/2 1943, to 12/28 1953, that I last saw the deceased alive on 12/27 1953 and that death occurred at 805 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joyce P. Taylor</u> (Degree or title) _____	23b. ADDRESS <u>462 N. Taylor Ave</u>	23c. DATE SIGNED <u>12/28/53</u>
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24a. BURIAL (CREMATION) REMOVAL (Specify) <u>removal</u>	24b. DATE <u>12-30-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Sinai Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>DEC 29 1953</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman Rindskopf Ins. 5216 Delmar Bl.</u>
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(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 *Alvin B. Dehoull*

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.