No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7314

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 370

1000 4

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

1. PLACE OF DEATH
a. COUNTY: St. Louis, Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural: Airport Township
c. LENGTH OF STAY (in this place): 1 MONTH
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JEWISH SANATORIUM

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo.
b. COUNTY: 2069
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 1324 Blackstone

3. NAME OF DECEASED (Type or Print)
a. (First): MOLLIE
b. (Middle):
c. (Last): HAYES

4. DATE OF DEATH (Month) (Day) (Year): February 9 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Wid. 2
8. DATE OF BIRTH: Unk.
9. AGE (In years last birthday): ab 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Austria 4
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unk. Spitz
13b. MOTHER'S MAIDEN NAME: Unk.
14. NAME OF HUSBAND OR WIFE: Sam

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 ADDRESS: Philip Hayes 1324 Blackstone

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): heart disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 5 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 24, 1953, *to* Febr. 9, 1954, *that I last saw the deceased alive on* Febr. 8, 1954, *and that death occurred at* 5 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gray U. Gaiberg, M.D.
23b. ADDRESS: 461 No. Taylor
23c. DATE SIGNED: 2/9/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Bur.
24b. DATE: 2/11/54
24c. NAME OF CEMETERY OR CREMATORY: Beth Hamedrosh Hag.
24d. LOCATION (City, town, or county) (State): Ladue Mo.

DATE REC'D BY LOCAL REG.: 2-10-54
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Berger Memorial 4715 McPherson

SW

(Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 4229

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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