

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10425**
 BIRTH NO. **FILED MAR 19 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2349**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission) a. STATE Missouri b. COUNTY 2057	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 15 days		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 Jewish Hosp.			
e. STREET ADDRESS (If rural, give location) 6009 Maple Ave.			
3. NAME OF DECEASED (Type or Print) JOSEPH		a. (First) JOSEPH	
b. (Middle) SHOUP		c. (Last) SHOUP	
4. DATE OF DEATH (Month) (Day) (Year) March 12, 1954		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) Ab. 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Scrap Dealer		10b. KIND OF BUSINESS OR INDUSTRY Metals	
11. BIRTHPLACE (City and State or Foreign Country) Poland		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel Shoup		13b. MOTHER'S MAIDEN NAME Elka Unknown	
14. NAME OF HUSBAND OR WIFE Ethel		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 Alice Goldman #1 Scarsdale	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage & left hemiplegia 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.	
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? 331X			
22. I hereby certify that I attended the deceased from 3/11 , 1954, to 3/12 , 1954, that I last saw the deceased alive on 3/12 , 1954, and that death occurred at 1:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Robert Potashnick M.D.		23b. ADDRESS 508 N. Grand Ave.	
23c. DATE SIGNED 3/12/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 3/14/1954		24c. NAME OF CEMETERY OR CREMATORY Cheвра Kedisha	
24d. LOCATION (City, town, or county) (State) University City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial	
25. FUNERAL DIRECTOR'S ADDRESS 4715 McPherson Ave.		DATE REC'D BY LOCAL REG. MAR 15 1954	
REGISTRAR'S SIGNATURE J. Carl Smith M.D.		(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.....
Signature of Student Embalmer

Signed *Quinn D. Quindley*.....
Licensed Embalmer No... 450.....

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.