

STANDARD CERTIFICATE OF DEATH

10778

State File No.

BIRTH NO. FILED APR 7 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 791

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: Arnold Township. 3 mt</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 Sanatorium</u> <u>Fee Fee Road, Robertson, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>5920 Nina</u>	

3. NAME OF DECEASED. (Type or Print) <u>LEO</u> <u>LEFKOWITZ</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 31 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <u>WID.</u> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>unk.</u>		9. AGE (In years) <u>abt 82</u> IF UNDER 1 YEAR Months Days IF UNDER 10 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Garment Manf.</u>		11. BIRTHPLACE (State or foreign country) <u>USSR</u>	
10c. CITIZEN OF WHAT COUNTRY? <u>USSR</u>					

13a. FATHER'S NAME <u>unk. Lefkowitz</u>		13b. MOTHER'S MAIDEN NAME <u>Unk.</u>		14. NAME OF HUSBAND OR WIFE <u>Kate</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. <u>492-07-3907a</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Max Lefkowitz 6341 Southwood</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u> ANTECEDENT CAUSES <u>arterioscler. heart disease</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>1 year</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct. 24, 1953, to Mar. 31, 1954, that I last saw the deceased alive on Mar. 31, 1954, and that death occurred at 8:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ray W. Taylor M.D.</u>		23b. ADDRESS <u>462 No. Taylor</u>		23c. DATE SIGNED <u>3/31/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Bur.</u>		24b. DATE <u>4/1/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chevra Kadisha</u>	
				24d. LOCATION (City, town, or county) (State) <u>University City, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>4/1/54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Amberg</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 4715 McPherson</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

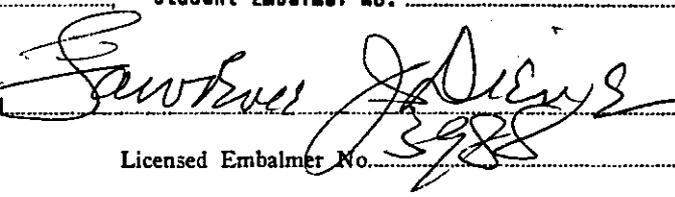
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No.

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