

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14188**
3349
Registrar's No.

FILED APR 26 1954

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3349			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) 50 yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hpsp.				e. STREET ADDRESS (If rural, give location) 5 5808 Pershing					
3. NAME OF DECEASED (Type or Print) a. (First) MAX			b. (Middle) _____		c. (Last) TRAUB		4. DATE OF DEATH (Month) (Day) (Year) APRIL 13 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Marr.		8. BIRTH Jan. 26, 1880		9. AGE (In years less birthday) 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY retail clothing		11. BIRTHPLACE (City and State or Foreign Country) Lithuania		12. CITIZEN OF WHAT COUNTRY? USA		13. DATE OF DEATH (Month) (Day) (Year) APRIL 13 1954	
13a. FATHER'S NAME Traub			13b. MOTHER'S MAIDEN NAME Mary			14. NAME OF HUSBAND OR WIFE Mary			
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. Unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS- Mary Traub 5808 Pershing				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral vas. accident ANTECEDENT CAUSES DUE TO (b) Arterioscl., gen. DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tuberculosis						INTERVAL BETWEEN ONSET AND DEATH 40 hrs	
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) 331XA					
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? _____					
22. I hereby certify that I attended the deceased from Jan 1953 to Apr 1954 , that I last saw the deceased alive on April 3, 1954 , and that death occurred at 9:30 pm , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Melvin L. Goodman, M.D.				23b. ADDRESS 634 N Grand		23c. DATE SIGNED April 15, 54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		24b. DATE 4/15/54		24c. NAME OF CEMETERY OR CREMATORY Beth Ham Hagodol		24d. LOCATION (City, town, or county) (State) Ladue, Mo.			
DATE REC'D BY LOCAL REG. APR 14 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4815 McPherson					

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 *James P. Ludwig*.....
Licensed Embalmer No. 4229.....

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.