No. 300
10.48

FILED JUN 24 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 21246

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5198

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN: St. Louis
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jewish Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2234
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 23 1204 Allen Avenue

**3. NAME OF DECEASED** (Type or Print)
a. (First): HARRY
b. (Middle):
c. (Last): SHORE

**4. DATE OF DEATH** (Month) (Day) (Year): June 9, 1954

**5. SEX**: Male 0

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Single 0

**8. DATE OF BIRTH**: Unknown

**9. AGE** (In years last birthday): Abt. 75
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): Physician (Retired)

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (City and State or Foreign Country): Russia 6

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Hyman Shore

**13b. MOTHER'S MAIDEN NAME**: Yetta Schwartz

**14. NAME OF HUSBAND OR WIFE**:

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no
(If yes, give war or dates of service):

**16. SOCIAL SECURITY NO.**: no

**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Mr. A. Shore-1100 Hodiamont Avenue

**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) CORONARY INSUFFIENCY — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) A.S. HEART DISEASE
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* P.O. 48 hrs - AMPUTATION

**19a. DATE OF OPERATION**: 6/6/54

**19b. MAJOR FINDINGS OF OPERATION**: GANGRENE HALLUX - Rt

**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?**: 4200

22. *I hereby certify that I attended the deceased from* JAN 1954, *to* 6/8 1954, *that I last saw the deceased alive on* 6/8 1954, *and that death occurred at* 9:45 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): A. London M.D.
**23b. ADDRESS**: Jewish Hosp
**23c. DATE SIGNED**: 6/8/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 6/11/54
**24c. NAME OF CEMETERY OR CREMATORY**: Chesed Shel Emeth Cem.
**24d. LOCATION** (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: JUN 11 1954
REGISTRAR'S SIGNATURE: H. Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Herman Rindskopf, Inc., 5216 Delmar

m86 (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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Ketter

Licensed Embalmer No. 588

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.