

FILED AUG 11 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 25493

BIRTH NO.

REG. DIST. NO. 717

PRIMARY REG. DIST. NO. 231

Registrar's No. 1848

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>University City</b>		c. CITY OR TOWN <b>University City</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <b>10 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>7224 Dartmouth</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7224 Dartmouth</b>		f. STREET ADDRESS (If rural, give location) <b>7224 Dartmouth</b>	
3. NAME OF DECEASED (Type or Print) <b>Beryl (Beryl) Radloff</b>		4. DATE OF DEATH (Month) <b>July</b> (Day) <b>28</b> , (Year) <b>1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Wid.</b>	8. DATE OF BIRTH <b>Unk.</b>
9. AGE (In years last birthday) <b>ab 85</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Poland</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Unk</b>		13b. MOTHER'S MAIDEN NAME <b>Unk</b>	
14. NAME OF HUSBAND OR WIFE <b>Lena</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Irwin Radloff</b> ADDRESS <b>7309 Amherst</b>	
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) <b>Arterio-sclerotic Heart Disease</b> INTERVAL BETWEEN ONSET AND DEATH <b>years</b> 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"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <b>4200</b> (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) a.m. p.m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Jan</b> , 1947, to <b>July 28</b> , 1954, that I last saw the deceased alive on <b>July 27</b> , 1954, and that death occurred at <b>11:00 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Hedwiga M. Meyer M.D.</b> (Degree or title)		23b. ADDRESS <b>4409 West Pine</b>	
23c. DATE SIGNED <b>7/28/54</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>Bur.</b>	
24b. DATE <b>7.29/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel. Meth</b>	
24d. LOCATION (City, town, or county) (State) <b>University City Mo. n</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial</b> ADDRESS <b>5715 McPerson</b>	
DATE REC'D BY LOCAL REG. <b>7/28/54</b>		REGISTRAR'S SIGNATURE <b>Robert B. Santelmo</b>	

(Licensed Embalmer's Certificate 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 *Paulo J. Quindia*  
Licensed Embalmer No. *4882*

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.