

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29064
Registrar's No. 7542

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7542			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		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 D.O.A. * City Hospital				e. STREET ADDRESS (If rural, give location) 5 5603 Delmar Blvd.				20570	
3. NAME OF DECEASED (Type or Print) a. (First) EMANUEL		b. (Middle) M.		c. (Last) LOEB		4. DATE OF DEATH (Month) (Day) (Year) Aug. 12, 1954			
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 11, 1893		9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 1	Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. W. W. #1		17. INFORMANT'S SIGNATURE OR NAME Mrs. Koenigsberg-6250 San Bonita		ADDRESS			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* MEDICAL CERTIFICATION Skull fracture, brain damage suffered when deceased jumped from window on 10th floor of building at 107 North Olive St. about 5:00 pm Aug. 12, 1954				INTERVAL BETWEEN ONSET AND DEATH			
		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 Suicide						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Suicide		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, (Specify)) Building		21c. (CITY, TOWN, OR TOWNSHIP) St. Louis Mo.		(COUNTY)		(STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Aug 12 5:45 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E978X					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:55 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Patrist L. Rayler Coroner</i>				23b. ADDRESS 1300 Clark		23c. DATE SIGNED AUG 14 1954			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/15/54	24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery		24d. LOCATION (City, town, or county) St. Louis County, Mo. (State)				
DATE REC'D BY LOCAL REG. AUG 16 1954		REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rindskopf, Inc., 5216 Delmar Bl				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3169 1954 OCT 4 7 130

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 *John Kettes*.....

Licensed Embalmer No. 388

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.