

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29148
7351

State File No.

FILED SEP 2 1954

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

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 No
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL
e. STREET ADDRESS (If rural, give location) 5 5930 a Bartmer 20590

3. NAME OF DECEASED a. (First) LOUIS b. (Middle) _____ c. (Last) PERLMAN 4. DATE OF DEATH (Month) (Day) (Year) Aug-8-1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Unknown 9. AGE (In years last birthday) abt 70 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 14 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Egg Candler 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) RUSSIA 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Shama Perlman 13b. MOTHER'S MAIDEN NAME Hanna Goldenberg 14. NAME OF HUSBAND OR WIFE Mollie Perlman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown 16. SOCIAL SECURITY NO. 489-09-4278 17. INFORMANT'S SIGNATURE OR NAME Mollie Perlman ADDRESS 5930a Bartmer

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* (a) Uremia
ANTECEDENT CAUSES Myelogenous Leukemia DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Nephrosclerosis 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 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 (Month) (Day) (Year) (Hour) OF INJURY _____ m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 2041

22. I hereby certify that I attended the deceased from June 1952, to Aug. 8, 1954, that I last saw the deceased alive on Aug 7, 1954, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) Robert Potashnick M.D. 23b. ADDRESS 508 N. Grand Ave 23c. DATE SIGNED 8/9/54

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 24b. DATE Aug-10-1954 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. AUG 9 1954 REGISTRAR'S SIGNATURE Carl Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HERMAN RINDSKOPF INC, 5216 DELMAR
(Licensed Embalmer's Statement on Reverse Side)

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

VS FEB 29 1960

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 *Steu B. Dubrow*.....

Licensed Embalmer No. *969*.....

P. O. Address *St. Louis*.....

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.