

FILED AUG 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29151

State File No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6066			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY ST. LOUIS					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place) 2 days		c. CITY OR TOWN University City			
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Faith Hospital				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) _____ c. (Last) PESSIN				4. DATE OF DEATH (Month) / (Day) / (Year) 7 / 3 / 54					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 15, 1912			
9. AGE (In years last birthday) 41		# UNDER 1 YEAR Months _____ Days _____		# UNDER 1 STA. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist				10b. KIND OF BUSINESS OR INDUSTRY Retail		11. BIRTHPLACE (City and State or Foreign Country) Russia			
12. CITIZEN OF WHAT COUNTRY? USA									
13a. FATHER'S NAME Jacob Pessin			13b. MOTHER'S MAIDEN NAME Celia DeVorkin			14. NAME OF HUSBAND OR WIFE Mildred Pessin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World W. # 2		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Pessin 7700 Cornell Ave.					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 days 6 mos.	
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) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201					
22. I hereby certify that I attended the deceased from Nov. , 1953, to 7/3 , 1954, that I last saw the deceased alive on 7/3 , 1954, and that death occurred at 2:45 A.m. , from the causes and on the date stated above.									
23a. SIGNATURE Max S. Franklin (Degree or title) _____				23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 7/3/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/5/1954		24c. NAME OF CEMETERY OR CREMATORY ChesedvShel Emeth		24d. LOCATION (City, town, or county) (State) University City, Mo			
DATE REC'D BY LOCAL REG. JUL 6 1954		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson Ave.					

M. J. B. (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 embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Samuel J. Quinn*.....
Licensed Embalmer No. *3988*.....

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.