

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>531</u>		Registrar's No. <u>1931</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u>		c. LENGTH OF STAY (in this place) <u>6 months</u>		c. CITY OR TOWN <u>University City</u>		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 <u>928 Shaindel Dr.</u>				e. STREET ADDRESS (If rural, give location) <u>928 Shaindel Dr.</u>			
3. NAME OF DECEASED (Type or Print) <u>MORRIE</u>		a. (First)		b. (Middle)		c. (Last) <u>SOKOLIK</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 2, 1897</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Meat</u>		11. BIRTHPLACE (City and State of Birth; Country) <u>Poland</u>		9. AGE (In years last birthday) <u>57</u> 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Sam Sokolik</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Taff</u>		14. NAME OF HUSBAND OR WIFE <u>Evelyn Sokolik</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Evelyn Sokolik</u>			
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) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Auricular Fibrillation</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 years</u> <u>4 months</u>	
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) <u>4200</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>47</u> , to <u>Aug 7</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8/4</u> , 19 <u>54</u> , and that death occurred at <u>10 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Herman M. Meyer M.D.</u>				23b. ADDRESS <u>4409 West Pine</u>		23c. DATE SIGNED <u>8/7/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/8/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chevre Kadisha</u>		24d. LOCATION (City, town, or county) (State) <u>University City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8/8/54</u>		REGISTRAR'S SIGNATURE <u>Heber R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial</u>			
				ADDRESS <u>4715 McPherson</u>			

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  .....  
Licensed Embalmer No. 438

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.