

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29349**

BIRTH NO. _____		REG. DIST. NO. 717		PRIMARY REG. DIST. NO. 531		Registrar's No. 1825			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: institution before) a. STATE Mo. b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) University City		c. LENGTH OF STAY (In this place) 20 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) University City		4376			
d. FULL NAME OF HOSPITAL OR INSTITUTION 7500 Amherst				d. STREET ADDRESS (If rural, give location) 7500 Amherst					
3. NAME OF DECEASED (Type or Print) REBECCA (RIEKA) STOLIAR			a. (First)		b. (Middle)		c. (Last)		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Separately		8. DATE OF BIRTH ab. 87		9. AGE (In years, last birthday) Months Days Hours Mins. 7 26 1954	
10a. USUAL OCCUPATION (Give kind of work done for a part of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Poland			12. CITIZEN OF WHAT COUNTRY? Poland	
13a. FATHER'S NAME Ely Madeloff			13b. MOTHER'S MAIDEN NAME unb...			14. NAME OF HUSBAND OR WIFE Jacob			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Elia Stoliar 1949^{1/2} Belt				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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arterio-sclerotic Heart Disease 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.						INTERVAL BETWEEN ONSET AND DEATH years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200						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?					
22. I hereby certify that I attended the deceased from 1947 , to July 26, 1954 , that I last saw the deceased alive on July 17, 1954 , and that death occurred at 6 A. M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Herman M. Meyer M.D.				23b. ADDRESS 4409 West Pine		23c. DATE SIGNED 7/26/54			
24a. BURIAL, CREMATION, DISPOSAL (Specify)		24b. DATE 7/27/54		24c. NAME OF CEMETERY OR CREMATORY Chebra Kadisha		24d. LOCATION (City, town, or county) (State) University City Mo.			
DATE REC'D BY LOCAL REG. 7/26/54		REGISTRAR'S SIGNATURE Rebecca Stoliar		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jeager Memorial 4715 McPherson					

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
Student Embalmer

Signed *Lawrence J. Davis*

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 this body is not embalmed, fact should be so stated above.