

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

STANDARD CERTIFICATE OF DEATH

31848

State File No.

FILED OCT 4 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8387**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Rich. Hgts. 449 S	
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) 7537 Wise	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.			
3. NAME OF DECEASED (Type or Print) EMILIE		4. DATE OF DEATH (Month) (Day) (Year) Sept. 13, 1954	
a. (First)		b. (Middle) HAMBER	
c. (Last)			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH Nov/7, 1867
9. AGE (in years last birthday) 86		10. MONTHS 2	11. DAYS 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Austria		12. CITIZEN OF WHAT COUNTRY Austria	
13a. FATHER'S NAME Arnstein		13b. MOTHER'S MAIDEN NAME Wilhelm	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Henry Pollak		ADDRESS 7537 Wise	
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) Carcinoid tumors of stomach and colon 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.	
19a. DATE OF OPERATION 9/10/54		19b. MAJOR FINDINGS OF OPERATION see above	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20. ACCIDENT SUICIDE HOMICIDE (Specify)		21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21c. (Month) (Day) (Year) (Hour)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR 150X			
22. I hereby certify that I attended the deceased from Sept. 6, 1954 , to Sept. 12, 1954 , that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30A m., from the causes and on the date stated above.			
23a. SIGNATURE J. E. Ganeveld MD		23b. ADDRESS 7500 Olive	
23c. DATE SIGNED 9/13/54			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8/14/54	
24c. NAME OF CEMETERY OR CREMATORY B'rith Sholom		24d. LOCATION (City, town, or county) (State) University City Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SEP 13 1954		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial 4715 McPherson	
25. ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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. DeLuca*

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.