

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32199**
Registrar's No. **7665**

FILED SEP 16 1954

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7665	
1. PLACE OF DEATH a. COUNTY Mo.				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.				* STREET ADDRESS (If rural, give location) 5651 Wells			
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH		b. (Middle) _____		c. (Last) SHATZ		4. DATE OF DEATH (Month) (Day) (Year) Aug. 17, 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Marr.		8. DATE OF BIRTH May 26, 1883	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Scrap metal		10b. KIND OF BUSINESS OR INDUSTRY Metal		11. BIRTHPLACE (City and State or Foreign Country) USSR		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Shatz			13b. MOTHER'S MAIDEN NAME Sarah			14. NAME OF HUSBAND OR WIFE Sarah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Unk.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Sarah Shatz		ADDRESS 5651 Wells	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas ANTECEDENT CAUSES MORIBUND 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. Duodenal ulcer					INTERVAL BETWEEN ONSET AND DEATH 6 mo.
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Pancreas & metastases thru				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? 157X			
22. I hereby certify that I attended the deceased from June 1, 1954 , to Aug. 17, 1954 , that I last saw the deceased alive on Aug. 17, 1954 , and that death occurred at 2:10 pm. , from the causes and on the date stated above.							
23a. SIGNATURE Sarah Shatz (Degree or title) M.D.			23b. ADDRESS 4652 Maryland			23c. DATE SIGNED 8/18/54	
24a. BURIAL, CREMATION-REMOVAL (Specify) Rem.		24b. DATE 8/19/54		24c. NAME OF CEMETERY OR CREMATORY Ch evra Kadisha		24d. LOCATION (City, town, or county) (State) University City Mo.	
DATE REC'D BY LOCAL REG. AUG 19 1954		REGISTRAR'S SIGNATURE J. Paul Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Berger ADDRESS Memorial 4715 McPhersob			

S. P. (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 *Quiro G. Guding*.....
Licensed Embalmer No. *4229*.....

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.