

FILED NOV 1 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. 35788

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9626

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. Louis		c. CITY OR TOWN ST. Louis	
c. LENGTH OF STAY (in this place) 6 days		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.		e. STREET ADDRESS (If rural, give location) 1438 E. Grand. 20990	

3. NAME OF DECEASED (Type or Print) a. (First) MORRIS	b. (Middle) OFFCHINICOFF	c. (Last) OFFCHINICOFF	4. DATE OF DEATH (Month) (Day) (Year) Oct. 23, 54
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) Ab. 77	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sexton	10b. KIND OF BUSINESS OR INDUSTRY Church	11. BIRTHPLACE (City and State or Foreign Country) Russia	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Dora
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. 492-01-2549a	17. INFORMANT'S SIGNATURE OR NAME B. Winfield	ADDRESS 1438 E. Grand Ave.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Asorbid 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? 1999
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22. I hereby certify that I attended the deceased from Oct. 17, 1954, to Oct. 23, 1954, that I last saw the deceased alive on Oct. 23, 1954, and that death occurred at 12:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Goldenberg M.D.	23b. ADDRESS Jewish Hosp of St. L.	23c. DATE SIGNED 10/24/54
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24a. BURIAL, CREMATION, REMOVAL REMOVAL	24b. DATE 10-25-54	24c. NAME OF CEMETERY OR CREMATORY Katerina Kadiska Cem.	24d. LOCATION (City, town, or county) (State) Univ. City, Mo.
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DATE REC'D BY LOCAL REG. OCT 25 1954	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BERGER MEMORIAL 4715 McPHERSON
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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.....
James D. Anderson

Licensed Embalmer No. 14529

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.