

FILED OCT 26 1954

STANDARD CERTIFICATE OF DEATH

35959
State File No. 9048
Registrar's No. 1003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 50 yrs.	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) ROSE		b. (Middle)	c. (Last) SHAPIRO
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARR.	8. DATE OF BIRTH May 25-1893
9. AGE (In years last birthday) 61	10. 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) USSR
12. CITIZEN OF WHAT COUNTRY? USA	13a. FATHER'S NAME Hershel Stoller	13b. MOTHER'S MAIDEN NAME Bluma (unk)	14. NAME OF HUSBAND OR WIFE Louis
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 AND ADDRESS Nathan Shapiro 5660a St. Louis	

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 <i>Fracture of Skull; Brain Injury.</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES <i>suffered when struck by car</i>		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>operated by axe, brain fractures at intersection of Broadway</i>		DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS <i>and Saulard Street, about 7:00 am., Oct 4, 1954.</i>		Conditions contributing to the death but not related to the disease or condition causing it.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Accident</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Oct 4 54 9:30</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <i>000</i>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. *25*

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>10/5/54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Rein.</i>	24b. DATE <i>10/6/54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth</i>	24d. LOCATION (City, town, or county) (State) <i>University City Mo.</i>

DATE REC'D BY LOCAL REG. <i>OCT 5 1954</i>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <i>Berger Memorial 4715 McPherson</i>
---	---	--	--

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 *Lawrence J. Allen*

Licensed Embalmer No. *3982*

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.