

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36159**
Registrar's No. **9173**

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. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) Jst. Louis sp.		c. LENGTH OF STAY (in this place) 5 hrs.	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		STREET ADDRESS (If rural, give location) 6 5893 Cote Brillante 20690	

3. NAME OF DECEASED (Type or Print) HASKEL			4. DATE OF DEATH Oct. 8, 1954		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year
		ZAHTZ			

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Marr.	8. DATE OF BIRTH July 15, 1890	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days	Hours	Min.
--------------------	-------------------------------	---	---------------------------------------	---	------------------------	---------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pattern Maker	10b. KIND OF BUSINESS OR INDUSTRY Garm. Manf.	11. BIRTHPLACE (City and State or Foreign Country) USSR	12. CITIZEN OF WHAT COUNTRY? USA
--	--	--	---

13a. FATHER'S NAME Zahzt	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Rose
---------------------------------	---------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose Zahzt	ADDRESS 5893 Cote Brillante
---	-------------------------------------	--	------------------------------------

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) Coronary Occlusion with Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Arteriosclerosis		years
	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"/>
------------------------	----------------------------------	---

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) 4201
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from **Oct. 8, 1954**, to **Oct. 8, 1954**, that I last saw the deceased alive on **Oct. 8, 1954**, and that death occurred at **8:45 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Joe M. Orenstein	(Degree or title) M. D.	23b. ADDRESS 4500 Olive St	23c. DATE SIGNED 10/9/54
--	--------------------------------	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.	24b. DATE 10/10/54	24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth	24d. LOCATION (City, town, or county) (State) University City Mo.
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. OCT 11 1954	REGISTRAR'S SIGNATURE Cash Smith	25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial	ADDRESS 4715 McPherson
---	---	---	-------------------------------

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

108

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. Dill*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.