

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39285**  
Registrar's No. **10051**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|---|--|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY   |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>ST. LOUIS Mo</b>   |  | c. LENGTH OF STAY (in this place)  |  | c. CITY OR TOWN <b>ST. LOUIS</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ALEXIAN Bros Hosp.</b>   |  | e. STREET ADDRESS (If rural, give location) <b>22 754 S. 4th ST.</b>   |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>JOHN</b>   |  | b. (Middle) <b>M.</b>  |  | c. (Last) <b>TABASH</b>  |  |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Nov. 4 1954</b>   |  | 5. SEX <b>MALE</b>   |  | 6. COLOR OR RACE <b>WHITE</b>  |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>   |  | 8. DATE OF BIRTH <b>OCT 18 1892</b>  |  | 9. AGE (in years last birthday) <b>62</b>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>JEWELER-WATCH MAKER</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>OWN BUSINESS</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>LEBANON SYRIA</b>          |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>U-S-A</b>   |  | 13a. FATHER'S NAME <b>MIKE TABASH</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>EVA SAHIR</b>                                       |  |
| 14. NAME OF HUSBAND OR WIFE <b>GENEVIEVE TABASH</b>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/>   |  | 16. SOCIAL SECURITY NO. <b>496-36-2753</b>                                       |  |
| 17. INFORMANT'S SIGNATURE OR NAME <b>GENEVIEVE TABASH</b>   |  | ADDRESS <b>754 S. 4th ST</b>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial-Pulmonary-Brachial Infarct</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 hrs</b><br>ANTECEDENT CAUSES<br>DUE TO (b) <b>Diabetes</b><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION <b>none</b>   |  | 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)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR? <b>260X</b>   |  |
| 22. I hereby certify that I attended the deceased from <b>Sept 19 54</b> , to <b>Nov 4 1954</b> , that I last saw the deceased alive on <b>11-4 1954</b> , and that death occurred at <b>11:30 P.M.</b> , from the causes and on the date stated above. |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title) <b>Sherris W. Northrup M.D.</b>  |  | 23b. ADDRESS <b>740 26th St. St. Louis Mo</b>  |  | 23c. DATE SIGNED <b>11-5-54</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>  |  | 24b. DATE <b>Nov 8 1954</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM</b>                       |  |
| 24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>   |  | DATE REC'D BY LOCAL REG. <b>NOV 5 1954</b>   |  | REGISTRAR'S SIGNATURE <b>Charles Smith M.D.</b>                                  |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kutis</b>  |  | ADDRESS <b>2906 Genovis</b>  |  |  |  |

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

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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.....

Licensed Embalmer No. 398

P. O. Address St. Louis

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.