

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39399

State File No. \_\_\_\_\_

|  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>317</u>   |  | PRIMARY REG. DIST. NO. <u>531</u>   |  | Registrar's No. <u>2401</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>University City</u>   |  | c. LENGTH OF STAY (in this place) <u>11 yrs.</u>  |  | c. CITY OR TOWN <u>University City</u>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>807 Westgate</u>  |  |   |  | STREET ADDRESS (If rural, give location) <u>807 Westgate</u>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>MAIKA</u> b. (Middle) <u>L.</u> c. (Last) <u>(AKA FRIMER) FRAMER</u>   |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 12, 1954</u> |   |  |  |  |
| 5. SEX <u>Female</u>   |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid.</u>  |  | 8. DATE OF BIRTH <u>Dec. 19, 1879</u>  |  |
| 9. AGE (in years last birthday) <u>74</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Poland</u>   |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>Poland</u>   |  | 13a. FATHER'S NAME <u>Wm. Kessler</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Wm</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>am</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>  |  | 16. SOCIAL SECURITY NO. <u>None</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jake Schwartz 807 Westgate</u>   |  |  |  |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death.  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u><br>ANTECEDENT CAUSES <u>with probable coronary occlusion</u><br>DUE TO (b) _____<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. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>9 months</u>   |  |
| 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)   |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)   |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR? <u>not previously attended</u>   |  |   |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>11:45 PM</u> 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. |  |   |  |   |  |  |  |
| 23a. SIGNATURE <u>Alfred Fleischman MD</u>   |  |   |  | 23b. ADDRESS <u>462 N. Taylor</u>   |  | 23c. DATE SIGNED <u>10/14/54</u>   |  |
| 24a. BURIAL, CREMATION, DISPOSAL (Specify)   |  | 24b. DATE <u>10/14/54</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Chesed She 1 Emeth</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>University City Mo.</u>   |  |
| DATE REC'D BY LOCAL REG. <u>10/14/54</u>   |  | REGISTRAR'S SIGNATURE <u>Richard S. Lombardi</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 4715 McPherson</u>  |  |  |  |

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 .....

Licensed Embalmer No. 4288

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.