

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42665**  
Registrar's No. **10935**

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 <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (in this place) <b>40 yrs</b>	c. CITY OR TOWN <b>St. Louis</b>	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 <b>Enroute Jewish Hosp.</b>		e. STREET ADDRESS <b>5<sup>th</sup> 5875 Washington</b>	(If rural, give location) <b>20590</b>

3. NAME OF DECEASED (Type or Print) <b>MEYER</b>		a. (First) _____ b. (Middle) _____ c. (Last) <b>NAKISHER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 29, 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Wid.</b>	8. DATE OF BIRTH <b>Ab Mar. 1880</b>	9. AGE (In years last birthday) <b>ab. 74</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Grocer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Poland 4</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				

13a. FATHER'S NAME <b>Bernard Nakishek</b>	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE <b>Lena</b>
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15. WAS DECEASED EVER IN ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Barney Nakishek</b>	ADDRESS <b>5875 Washington</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary heart disease aggravated by fall downstairs</b>		INTERVAL BETWEEN ONSET AND DEATH <b>years</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>arteriosclerosis, general</b>		<b>years</b>	
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) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. CITY, TOWN, OR TOWNSHIP <b>St. Louis, Mo.</b> (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>11-29-54 -m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell downstairs</b> <b>E9000</b>

22. I hereby certify that I attended the deceased from **1/27, 1952**, to **11/29, 1954**, that I last saw the deceased alive on **11/27, 1954**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above. **21**

23a. SIGNATURE <b>Max S. Franklin M.D.</b> (Degree or title)	23b. ADDRESS <b>634 N. Grand</b>	23c. DATE SIGNED <b>11/30/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem.</b>	24b. DATE <b>12/1/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chevre Kadisha</b>	24d. LOCATION (City, town, or county) (State) <b>University City Mo.</b>
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DATE REC'D BY LOCAL REG. <b>NOV 30 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial</b> ADDRESS <b>8715 McPherson</b>
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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.....  
*Quinn J. Gardberg*  
Licensed Embalmer No. 422

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.