

No. 300
10.48

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44062**
Registrar's No. **11594**

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 MISSOURI b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SAINT LOUIS | | c. LENGTH OF STAY (In this place) 2 MOS | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL | | e. CITY OR TOWN SAINT LOUIS | |
| 3. NAME OF DECEASED (Type or Print) SAM | | 4. DATE OF DEATH (Month) (Day) (Year) DEC. 20, 1954 | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH AB. 1895 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FURRIER | | 10b. KIND OF BUSINESS OR INDUSTRY RETAIL | |
| 11. BIRTHPLACE (City and State or Foreign Country) POLAND | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME HYMAN TEPPER | | 13b. MOTHER'S MAIDEN NAME (UNKNOWN) | |
| 14. NAME OF HUSBAND OR WIFE LENA TEPPER | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO | |
| 16. SOCIAL SECURITY NO. NO | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS LENA TEPPER 1482a GOODFELLOW | |

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|--|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma | | DUE TO (b) _____ | | 3 years | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) _____ | | | |
| 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 2001 | |

22. I hereby certify that I attended the deceased from **1952**, to **December 20, 1954**, that I last saw the deceased alive on **12/20**, 1954, and that death occurred at **2:45 P** m., from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|---|--|
| 23a. SIGNATURE (Degree or title) Herward M. Meyer MD | | 23b. ADDRESS 4409 West Pine | | 23c. DATE SIGNED 12/21/54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 24b. DATE 12/21/54 | | 24c. NAME OF CEMETERY OR CREMATORY CHESED SHEL EMETH | |
| 24d. LOCATION (City, town, or county) (State) UNIV. CITY, MO. | | 25. FUNERAL DIRECTOR'S SIGNATURE BERGER MEMORIAL | | ADDRESS 4715 MC PHERSON | |
| DATE REC'D BY LOCAL REG. DEC 21 1954 | | REGISTRAR'S SIGNATURE J. Carl Smith MD | | | |

(Licensed Embalmer's Statement on Reverse Side)

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..... *Sawhorse J. DeLia*

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.