

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2531**
Registrar's No. **0490**

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 St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 WKS		STREET ADDRESS (If rural, give location) 5850a Theodosia	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1 3067			

3. NAME OF DECEASED (Type or Print) a. (First) PHILIP b. (Middle) FORMAN c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 1 15 55	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 15, 1881
9. AGE (In years last birthday) 73		10. KIND OF BUSINESS OR INDUSTRY Scrap	11. BIRTHPLACE (City and State or Foreign Country) USSR 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dealer		12. CITIZEN OF WHAT COUNTRY? usa	

13a. FATHER'S NAME Isaac Forman	13b. MOTHER'S MAIDEN NAME She ve (unk)	14. NAME OF HUSBAND OR WIFE Sadie Forman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. 494-36-0068	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sadie Forman 5850a Theodosia

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno Carcinoma of Rectum with Metastases.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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? 154x

22. I hereby certify that I attended the deceased from **1-1**, 19**55**, to **1-15**, 19**55**, that I last saw the deceased alive on **1-15**, 19**55**, and that death occurred at **1:35 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John J. Leahy O.M.E.	23b. ADDRESS 1515 Lafayette Ave.	23c. DATE SIGNED 1-17-55
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 1/17/55	24c. NAME OF CEMETERY OR CREMATORY Beth Ham Hag Cem
		24d. LOCATION (City, town, or county) (State) Ladue M^o

DATE REC'D BY LOCAL REG. JAN 17 1955	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson
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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 *Lawrence J. De... ..*
.....

Licensed Embalmer No. 3981

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.