

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3455**

BIRTH NO. _____ REG. DIST. NO. **517** PRIMARY REG. DIST. NO. **500** Registrar's No. **237**

1. PLACE OF DEATH a. COUNTY St. Louis, Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Rural: Airport Township, Mo		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) _____ yrs		e. STREET ADDRESS (If rural, give location) 1416a Blackstone	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Sanatorium		2069 /	

3. NAME OF DECEASED (Type or Print) a. (First) MORRIS b. (Middle) _____ c. (Last) CHARON			4. DATE OF DEATH (Month) (Day) (Year) Jan. 30 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Mar.	8. DATE OF BIRTH July 10, 1884	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10b. KIND OF BUSINESS OR INDUSTRY Mens clothing	11. BIRTHPLACE (City and State or Foreign Country) USSR		12. CITIZENSHIP OF WHAT COUNTRY? USA

13a. FATHER'S NAME Aaron Chadon	13b. MOTHER'S MAIDEN NAME Rachel Bontza	14. NAME OF HUSBAND OR WIFE Yetta
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 489-01-8270	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Betty Baris 7369 Lynn

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days 4 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Spastic paralysis 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) 351X
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? _____

22. I hereby certify that I attended the deceased from **May 2, 1952**, to **Jan. 30, 1955**, that I last saw the deceased alive on **Jan 29, 1955**, and that death occurred at **12:55 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank H. Jankley M.D.	23b. ADDRESS 462 No. Taylor	23c. DATE SIGNED 1/30/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Bur.	24b. DATE 1/31/55	24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth
24d. LOCATION (City, town, or county) (State) University City Mo.		

DATE REC'D BY LOCAL REG. 1-31-55	REGISTRAR'S SIGNATURE Richard R. Donker M.D.	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. Deane
Licensed Embalmer No. 398

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.