

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6002**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0764**

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 0764 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN Clayton | | 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 Jewish Hospital | | | | STREET ADDRESS (If rural, give location) 7540 Wydown | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) FLORA | | b. (Middle) B. | | c. (Last) BLOCK | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 25, 1955 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | | 8. DATE OF BIRTH Dec. 25, 1899 | |
| 9. AGE (In years last birthday) 55 | | IF UNDER 1 YEAR Months 1 Days 0 | | IF UNDER 2 HRS. Hours 0 Min. _____ | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME Louis Block | |
| 13b. MOTHER'S MAIDEN NAME Sarah R. Solow | | 14. NAME OF HUSBAND OR WIFE _____ | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Unknown) | | 16. SOCIAL SECURITY NO. Unknown | |
| 17. INFORMANT'S SIGNATURE OR NAME Mr. E. Block-7540 Wydown | | ADDRESS _____ | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | | | MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema | | | | INTERVAL BETWEEN ONSET AND DEATH 30 min. | | | |
| ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HT. Sel. H. Hypertensive EV | | | | 1 yr | | | |
| DUE TO (c) _____ | | | | ? | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ch. Nephritis | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) 2nd | | 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? 443x | |
| 22. I hereby certify that I attended the deceased from 1/17, 1955 to 1/25, 1955 , that I last saw the deceased alive on 1/23, 1955 , and that death occurred at 8:30 pm. , from the causes and on the date stated above. | | | | 23a. SIGNATURE (Degree or title) Walter E. Strauss - M.D. | | 23b. ADDRESS 539 N. Grand | |
| 23c. DATE SIGNED 1/26/55 | | 24a. BURIAL, CREMATION REMOVAL (Specify) removal | | 24b. DATE 1/27/55 | | 24c. NAME OF CEMETERY OR CREMATORY B'Nai Amoona Cem. | |
| 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | | DATE REC'D BY LOCAL REG. JAN 26 1955 | | REGISTRAR'S SIGNATURE Carl Smith MO | | 25. FUNERAL DIRECTOR'S SIGNATURE Herman Rindskopf, Inc., 5216 Delmar Bl | |

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 

Licensed Embalmer No. 388

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.