

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13310**
Registrar's No. **3576**

FILED APR 28 1955

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 Mo. b. COUNTY	
b. CITY OR TOWN St. Louis	c. LENGTH OF STAY (in this place) township) 10 days	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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.		STREET ADDRESS (If rural, give location) 12 5563 Pershing	

3. NAME OF DECEASED (Type or Print) NATHAN	a. (First)	b. (Middle)	c. (Last) FIXLER	4. DATE OF DEATH (Month) (Day) (Year) Apr. 21 1955
---	------------	-------------	-------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Marr.	8. DATE OF BIRTH March 15, 1887	9. AGE (In years last birthday) 67
--------------------	-------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Manf. Agent	11. BIRTHPLACE (City and State or Foreign Country) Roumania	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	---

13a. FATHER'S NAME Jos. Fixler	13b. MOTHER'S MAIDEN NAME Frieda Silverman	14. NAME OF HUSBAND OR WIFE Jennie
---------------------------------------	---	---

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. Unk	17. INFORMANT'S SIGNATURE OR NAME Jennie Fixler	ADDRESS 5563 Pershing
--	------------------------------------	--	------------------------------

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 1 YR.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SCLERODERMA		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DIS		

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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 7100
--	--	--

I hereby certify that I attended the deceased from **12/21**, 19**54**, to **4/21**, 19**55**, that I last saw the deceased alive on **4/20**, 19**55**, and that death occurred at **3A.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) David Feldman, M.D.	23b. ADDRESS 537 N. Grand St. Louis, Mo.	23c. DATE SIGNED 4/21/55
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.	24b. DATE 4/22/55	24c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagodol Ladue	24d. LOCATION (City, town, or county) (State) Mo.
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. APR 21 1955	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial	ADDRESS 4715 McPherson
---	--	---	-------------------------------

S.P. (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.....
Lawrence J. Deane

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.