

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14111**
Registrar's No. **905**

FILED APR 27 1955

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541**

1. PLACE OF DEATH
a. COUNTY **St. Louis**

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 **Clayton**

c. CITY OR TOWN **Kansas City** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Co. Hospital**

e. STREET ADDRESS (If rural, give location) **1012 Laval Drive**

3. NAME OF DECEASED (Type or Print)
a. (First) **CELIA** b. (Middle) **Ann** c. (Last) **FLOM** 4. DATE OF DEATH (Month) (Day) (Year) **Apr. 18, 1955**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow** 8. DATE OF BIRTH (Month) (Day) (Year) **May 3, Unknown 1985** 9. AGE (Last birthday) (Month) (Day) (Year) **Apr. 68 11 15**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **At home** 10b. KIND OF BUSINESS OR INDUSTRY **Housework** 11. BIRTHPLACE (City and State or Foreign Country) **Russia** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Jacob Marder** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Morris Flom**

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. **Unknown** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **David Flom-1012 Laval Drive**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **UNKNOWN NATURAL CAUSES**
ANTECEDENT CAUSES
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 NO

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) m. _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE **Herbert R. Domke** (Degree or title) **Local Registrar** 23b. ADDRESS **651 S. Brentwood Blvd.** 23c. DATE SIGNED **7955**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **4/20/55** 24c. NAME OF CEMETERY OR CREMATORY **Chesed Shel Emeth Cem.** 24d. LOCATION (City, town, or county) (State) **St. Louis, County, Mo.**

DATE REC'D BY LOCAL REG. **4/19/55** REGISTRAR'S SIGNATURE **Herbert R. Domke, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Norman Rindskopf, Inc., 5216 Delmar**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUN 21 1956

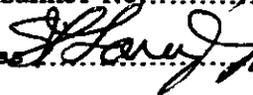
STATEMENT BY LICENSED EMBALMER

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. 

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.