

FILED JUN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16488

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4583

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4583											
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis				c. LENGTH OF STAY (in this place) 18 yrs				c. CITY OR TOWN St. Louis									
d. FULL NAME OF HOSPITAL OR INSTITUTION 5560 Clemens				STREET ADDRESS (If rural, give location) 5560 Clemens				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
3. NAME OF DECEASED (Type or Print) SAMUEL			a. (First)			b. (Middle) (AKA SAM)			c. (Last) BROMBERG			4. DATE OF DEATH (Month) (Day) (Year) May 23 1955					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Marr.		8. DATE OF BIRTH April 15, 1886		9. AGE (in years last birthday) 69		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dealer				10b. KIND OF BUSINESS OR INDUSTRY Scrap Metals				11. BIRTHPLACE (City and State or Foreign Country) USSR				12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME ---Bromberg				13b. MOTHER'S MAIDEN NAME Unk.				14. NAME OF HUSBAND OR WIFE Gussie									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. Unk.				17. INFORMANT'S SIGNATURE OR NAME Mrs. Gussie Bromberg				ADDRESS 5560 Clemens					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon, ANTECEDENT CAUSES Recurrence of. Morbidity 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 Metastases to Liver Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH 1950 1954 1954					
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) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 153 X									
22. I hereby certify that I attended the deceased from 10/8, 1954, to 5/23, 1955, that I last saw the deceased alive on 5/23, 1955, and that death occurred at 9:30 P. M., from the causes and on the date stated above.																	
23a. SIGNATURE Roy Grebbaum MD						23b. ADDRESS 4652 Maryland						23c. DATE SIGNED 5/24/55					
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.				24b. DATE 5/25/55				24c. NAME OF CEMETERY OR CREMATORY Hebrew Cem. Newark, N.J.				24d. LOCATION (City, town, or county) (State) Newark, N.J.					
DATE REC'D BY LOCAL REG. MAY 24 1955				REGISTRAR'S SIGNATURE J. Carl Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial 4715 McPherson				ADDRESS					

(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. DeLeon*.....

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.