

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27629

State File No. _____
Registrar's No. **7463**

FILED SEP 13 1955

318

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. 7463			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) 1 1/2 wks.		c. CITY OR TOWN Clayton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp/				e. STREET ADDRESS (If rural, give location) 7559 Byron							
3. NAME OF DECEASED (Type or Print) LEAH			a. (First)		b. (Middle)		c. (Last) EDLIN		4. DATE OF DEATH (Month) (Day) (Year) Aug. 24, 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.		8. DATE OF BIRTH unk.		9. AGE (In years last birthday) ab 87		IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Poland			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Unk. Simon				13b. MOTHER'S MAIDEN NAME Unk.				14. NAME OF HUSBAND OR WIFE Alter			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jack Edlin 7762 Davis Dr.					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ? Embolus ? ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Post-op 8 days DUE TO (c) intestinal obstruction								INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 9/10/55		19b. MAJOR FINDINGS OF OPERATION intestinal obstruction due to adhesion								20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? 570.5							
22. I hereby certify that I attended the deceased from 8/15 , 1955, to 8/24 , 1955, that I last saw the deceased alive on 8/24 , 1955, and that death occurred at 2 p. m., from the causes and on the date stated above.											
23a. SIGNATURE Leo O. Scher (Degree or title) MD				23b. ADDRESS 457 W. Rungelshway				23c. DATE SIGNED AUG 25 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		24b. DATE 8/26/55		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. AUG 25 1955		REGISTRAR'S SIGNATURE Charles Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson					

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. 428

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.