

FILED SEP 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27837

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6688

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or town) <u>St. Louis Mo.</u>	c. LENGTH OF STAY (in this place) township)	c. CITY OR TOWN <u>St. Louis</u>	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 <u>Jewish Hos'n</u>		f. STREET ADDRESS (If rural, give location) <u>6152 Waterman Ave</u> <u>5</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORENCE</u> b. (Middle) <u>JOSEPH</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>2</u> <u>55</u>					
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>December 14/78</u>	9. AGE (In years last birthday) <u>76</u>	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) <u>Secretary</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>City Water Dep't</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cincinnati Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			

13a. FATHER'S NAME <u>Simon Joseph</u>	13b. MOTHER'S MAIDEN NAME <u>Bettie Frank</u>	14. NAME OF HUSBAND OR WIFE *****
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>499-34-1564</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Adolph Glaser</u>	ADDRESS <u>18 S. Kingshighway</u>
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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) <u>ACUTE MYOCARDIAL INFARCTION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOCLEROTIC HEART DIS.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>6 HOURS.</u> <u>MANY YEARS.</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/200</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from NOV 1954 to 8/2, 1955, that I last saw the deceased alive on 8/2 1955, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David J. Glaser M.D.</u>	23b. ADDRESS <u>539 N. Grand St. Louis Mo</u>	23c. DATE SIGNED <u>8/2/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>8/3/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co Mo.</u>
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DATE REC'D BY LOCAL REG. <u>AUG 2 1955</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mayer</u>	ADDRESS <u>4356 Lindell Blvd</u>
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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 *Robert M. Murray*
.....

Licensed Embalmer No. *37*

P. O. Address *St. Louis*

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.