

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH1003 State File No. 38490  
9959

BIRTH NO. _____		REG. DIST. NO. <b>310</b>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>35 yrs.</b>		c. CITY OR TOWN <b>St. Louis</b>		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 <b>Jewish Hosp.</b>				e. STREET ADDRESS (If rural, give location) <b>5369 Cabanne</b>					
3. NAME OF DECEASED (Type or Print) <b>MORRIS</b>			a. (First)		b. (Middle)		c. (Last) <b>KREITMAN</b>		
4. DATE OF DEATH <b>Nov. 15, 1955</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Marr.</b>		8. DATE OF BIRTH <b>Aug. 10, 1895</b>		9. AGE (In years last birthday) <b>60</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Paper carrier</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>newspaper route</b>			
11. BIRTHPLACE (City and State or Foreign Country) <b>Pola nd</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Aaron Kreitman</b>		13b. MOTHER'S MAIDEN NAME <b>Yetta (unk)</b>			
14. NAME OF HUSBAND OR WIFE <b>Bessie Kreitman</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>(unk)</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. B. Kreisman 5369 Cabanne</b>			
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) <b>Carcinoma liver -</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma, sigmoid colon</b> 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 <b>few months</b> <b>6 months(?)</b>	
19a. DATE OF OPERATION <b>10/21/55</b>		19b. MAJOR FINDINGS OF OPERATION <b>As above</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)			
21a. 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>Oct. 19, 1955</b> , to <b>Nov. 15, 1955</b> , that I last saw the deceased alive on <b>Nov. 14, 1955</b> , and that death occurred at <b>6:00 A. m.</b> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <b>Saul S. Towerstein, M.D.</b>		23b. ADDRESS <b>457 N. King Highway</b>			
23c. DATE SIGNED <b>11/15/55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11/16/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>B'Nai Amoona Cem.</b>			
24d. LOCATION (City, town, or county) (State) <b>Univ. City, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial</b>		25. ADDRESS <b>4715 McPherson</b>		DATE REC'D BY LOCAL REG. <b>NOV 15 1955</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

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. De Lima*

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.