

FILED DEC 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39083**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **531** Registrar's No. **2689**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN University City		c. CITY OR TOWN University City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 734 W. Canterbury Road		e. STREET ADDRESS (If rural, give location) 734 W. Canterbury Road	
3. NAME OF DECEASED (Type or Print) a. (First) Mollie		b. (Middle) _____	
c. (Last) Adelman		4. DATE OF DEATH (Month) (Day) (Year) Nov. 16, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Unknown
9. AGE (In years last birthday) Abt. 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	11. BIRTHPLACE (City and State or Foreign Country) Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Idel Kriegman	
13b. MOTHER'S MAIDEN NAME Belle Grossman		14. NAME OF HUSBAND OR WIFE Sam Adelman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Sam Adelman-734 W. Canterbury Road		ADDRESS 734 W. Canterbury Road	
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) Arterio-sclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH, 9 years ANTECEDENT CAUSES Hypertension 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. 4200	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4458	
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) _____		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 July 15, 1947 , to 11/16, 1955 , that I last saw the deceased alive on Nov. 14, 1955 , and that death occurred at 6 A m., from the causes and on the date stated above.	
23a. SIGNATURE Herman M. Meyn		23b. ADDRESS (Degree or title) M. D. 4409 West Pine (8)	
23c. DATE SIGNED 11/16/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 11/16/55		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem. St. Louis County, Mo.	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE Herman Rindskopf, Inc., 5216 Delmar	
DATE REC'D BY LOCAL REG. 11-16-55		REGISTRAR'S SIGNATURE Reichert R. Dombard	

(Licensed Embalmer's Statement on Reverse Side)

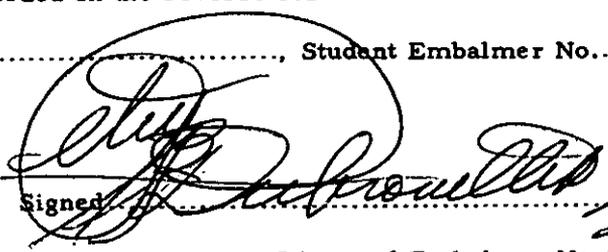
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 500
10.48

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 

Licensed Embalmer No. 36

P. O. Address Hwy 4

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.