

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39237**

FILED DEC 13 1955

BIRTH NO. _____ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **548** Registrar's No. **2698**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance) a. STATE NEW JERSEY b. COUNTY OCEAN	
b. CITY OR TOWN WEBSTER GROVES		c. CITY OR TOWN CASSVILLE	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) Y WKS		e. STREET ADDRESS (If rural, give location) JACKSONVILLE 8298	
d. FULL NAME OF HOSPITAL OR INSTITUTION 615 CLARK AVE			

3. NAME OF DECEASED (Type or Print) a. (First) INA b. (Middle) A. c. (Last) BELKIN-BEDRAGA		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 APRIL 27, 1889
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (City and State or Foreign Country) Tiflis RUSSIA
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME AUGUST TARDENT	13b. MOTHER'S MAIDEN NAME VERA BASHINSKY	14. NAME OF HUSBAND OR WIFE NICHOLAS PAUL BELKIN-BEDRAGA
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. 093-17-4974	17. INFORMANT'S SIGNATURE OR NAME Jane B. Stevens ADDRESS 615 Clark Ave Webster Groves

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis		DUPLICATE		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Stroke		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

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) 4428
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 **11/6**, 19**55**, to **11/16**, 19**55**, that I last saw the deceased alive on **11/15**, 19**55**, and that death occurred at **3:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. J. Volkmann M.D. (Degree or title)	23b. ADDRESS 520. Big Bend	23c. DATE SIGNED 11/26/55
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE 11-17-55	24c. NAME OF CEMETERY OR CREMATORY VALHALLA CREMATORY
24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.		

DATE REC'D BY LOCAL REG. 11-17-55	REGISTRAR'S SIGNATURE Herbert R. Dombard M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Mittler General Home ADDRESS 737 Woodland Ave. Webster Groves
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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..... *John J. Haines*

Licensed Embalmer No. *410*

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.