

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39280

FILED NOV 29 1955

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2542</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo</u>				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 township) <u>Rural: Airport Township 3rd</u>		c. LENGTH OF STAY (in this place) <u>2 1/2</u>		c. CITY OR TOWN <u>St. Louis</u>		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 <u>Jewish Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1398E Montclair</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u>		b. (Middle) _____		c. (Last) <u>BLASS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 1 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Apr. 10, 1894</u>	
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Custom Tailoring</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>U.S.S.R.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.S.R.</u>		13a. FATHER'S NAME <u>Israel Blass</u>		13b. MOTHER'S MAIDEN NAME <u>Kamir Lach</u>		14. NAME OF HUSBAND OR WIFE <u>Gussie</u>	
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>493-03-2618</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bessie Blass 1398E Montclair</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Atherosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular disease</u> DUE TO (c) <u>Carcinoma of Stomach</u> 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>9 1/2 years</u> <u>12</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4721</u>				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) m.		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 <u>Oct. 6</u> , 19 <u>55</u> , to <u>Nov. 1</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov. 1</u> , 19 <u>55</u> , and that death occurred at <u>10 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Fray H. Seiber, M.D.</u>				23b. ADDRESS <u>462 No. Taylor</u>		23c. DATE SIGNED <u>11/1/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/2/55</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Chad Shel Smith</u>		24d. LOCATION (City, town, or county) (State) <u>University City Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-1-55</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Doube, M.D.</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bessie Thummal 4715 The Plaza</u>			

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 *Lawrence J. Dineen*.....
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.