

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39331**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2550**

1. PLACE OF DEATH a. COUNTY <b>St. Louis, Mo</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____	
b. CITY OR TOWN <b>Rural: Airport, 10mishy 8 mts.</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"/>
c. LENGTH OF STAY (in this place) _____		• STREET ADDRESS (If rural, give location) <b>1282 Hamilton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Jewish Sanatorium</b>			

3. NAME OF DECEASED (Type or Print) <b>MICHAEL RAZOVSKY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10/6 / 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Marr.</b>	8. DATE OF BIRTH <b>Unk.</b>
9. AGE (in years) <b>ab 83</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Reta il dry Gds</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>USSR</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Mendel Razovsky</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Flax</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Annie Askovich</b>		ADDRESS <b>1282 Hamilton</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Abdominal cancer</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <b>Carcinoma of colon</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <b>153X</b>	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION <b>153A</b>	
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)	
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 **4/22, 1954** to **11/1, 1955**, that I last saw the deceased alive on **11/1, 1955**, and that death occurred at **7:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Irving H. Finkler, M.D.</b>		(Degree or title)		23b. ADDRESS <b>462 No Taylor</b>	
23c. DATE SIGNED <b>11/2/55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Bur.</b>		24b. DATE <b>11/3/55</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Beth Ham. Hagodol</b>		24d. LOCATION (City, town, or county) <b>Ladue Mo.</b>		(State)	

DATE REC'D BY LOCAL REG. <b>11-2-55</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donk</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial</b>	
				ADDRESS <b>4715 McPherson</b>	

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 *Arthur J. Neader*.....

Licensed Embalmer No. *43*.....

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.**