

STANDARD CERTIFICATE OF DEATH

State File No. **42383**
Registrar's No. **10424**

FILED DEC 28 1955

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN University City 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) 3 days		e. STREET ADDRESS (If rural, give location) 8357 Seville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewis h Hosp.			
3. NAME OF DECEASED (Type or Print) a. (First) SOL b. (Middle) MARBAIN c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Nov. 28, 1955	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Marr.		8. DATE OF BIRTH Aug. 8, 1899	
9. AGE (In years) (Months) (Days) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher	
11. BIRTHPLACE (City and State or Foreign Country) USSR		12. CITIZEN OF WHAT COUNTRY? USA	
10a. KIND OF BUSINESS OR INDUSTRY Retail Store		13a. FATHER'S NAME Wolf Ma rbain	
13b. MOTHER'S MAIDEN NAME Mollie (unk)		14. NAME OF HUSBAND OR WIFE Gertie	
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. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. G. Marbain		ADDRESS 8357 Seville	
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) Coronary occlusion with myocardial infarction ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic cardio vascular disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right cerebral embolus	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1	
18. INTERVAL BETWEEN ONSET AND DEATH 2 weeks		19. INTERVAL BETWEEN ONSET AND DEATH 11 years	
19. INTERVAL BETWEEN ONSET AND DEATH 72 hrs.		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 8/14, 1944 to 11/28, 1955 , that I last saw the deceased alive on 11/28, 1955 , and that death occurred at 1:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Mrs. Oled		23b. ADDRESS 601 Humboldt Bldg	
23c. DATE SIGNED 11/28/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		24b. DATE 11/30/55	
24c. NAME OF CEMETERY OR CREMATORY Chevre Kadisha		24d. LOCATION (City, town, or county) (State) University City Mo	
DATE REC'D BY LOCAL REG. NOV 29 1955		REGISTRAR'S SIGNATURE J. Carl Smith mo	
25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial		ADDRESS 4745 McPherson	

WRITE PLAINLY—USING UNFAADING 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 *James J. Judew*.....

Licensed Embalmer No. 422.....

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.