

FILED APR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10874

3207

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 6 days	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"/>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Jewish Hosp.			e. STREET ADDRESS (If rural, give location) 743 Heman						
3. NAME OF DECEASED a. (First) SARAH (Sarah Hoffman)			b. (Middle) Hoffman		c. (Last) Hoffman		4. DATE OF DEATH (Month) (Day) (Year) 9 - 29 - 1956		
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH Unk.		9. AGE (In years last birthday) About 70 yrs	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours	12. UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) USSR		12. CITIZEN OF WHAT COUNTRY? USSR			
13a. FATHER'S NAME Sam Lisker			13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE Hyman				
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 Paul Lyss 6301 N. Rosebury				ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION Cerebral vascular accident Cerebral vascular accident Bleeding gastric ulcer DUE TO (b) Bleeding Gastric Ulcer DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH Four hours 5 days					
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5400								
19a. DATE OF OPERATION 3/25/56	19b. MAJOR FINDINGS OF OPERATION Gastric Esophageal Ulcer - Bleeding Benign. Gastric (Esophageal) Ulcer - Bleeding Benign			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? 3-28-56 3-29-56							
22. I hereby certify that I attended the deceased from 3/20/1956 to 3/29/1956, that I last saw the deceased alive on 3/29/1956, and that death occurred at 6:52 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Alvin Goldfarb, M.D.			23b. ADDRESS 607 N. Grand			23c. DATE SIGNED 3/29/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.	24b. DATE 3/30/56	24c. NAME OF CEMETERY OR CREMATORY Cheyra Kadisha		24d. LOCATION (City, town, or county) (State) University City Mo.					
DATE REC'D BY LOCAL REG. MAR 29 1956	REGISTRAR'S SIGNATURE Charles Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial		ADDRESS 4715 McPherson				

(Licensed Embalmer's Statement on Reverse Side)

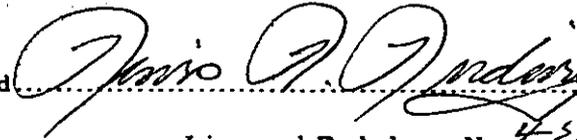
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

→ 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



Licensed Embalmer No. 48

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.