

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11952 -

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 557

1. PLACE OF DEATH a. COUNTY <i>St. Louis, Mo.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <i>Rural: Airport Townships</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. LENGTH OF STAY (In this place) <i>3 WKS.</i>		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 <i>Jewish ana torium</i>		e. STREET ADDRESS (If rural, give location) <i>5716a Kingsbury 2051</i>	

3. NAME OF DECEASED (Type or Print)		a. (First) <i>LOUIS</i>		b. (Middle) <i>RUSSIE</i>		c. (Last) <i>RUSSIE</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>2 26 1956</i>		
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Wid.</i>		8. DATE OF BIRTH <i>Unk.</i>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <i>ab 94</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Dry gds.</i>			11. BIRTHPLACE (City and State or Foreign Country) <i>USSR</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	

13a. FATHER'S NAME <i>Unk. Russie</i>		13b. MOTHER'S MAIDEN NAME <i>Unk.</i>		14. NAME OF HUSBAND OR WIFE <i>Mollie</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>Chas. Kraizer 1408 N. Hanley</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion</i>		ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>2 days</i>	
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Pneumonia</i> DUE TO (c)			

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) <i>4201</i>	
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 *1/31 1956*, to *2/26 1956* that I last saw the deceased alive on *2/26 1956*, and that death occurred at *5:15 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Irving G. Feinberg M.D.</i>		23b. ADDRESS <i>462 No. Taylor</i>		23c. DATE SIGNED <i>2/27/56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BUR.</i>		24b. DATE <i>2/28/56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth</i>	
		24d. LOCATION (City, town, or county) (State) <i>University City, Mo.</i>			

DATE REC'D BY LOCAL REG. <i>2-27-56</i>		REGISTRAR'S SIGNATURE <i>Herkert R. Dombrowski</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Berger Memorial 4715 McPherson</i>	
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(Licensed Embalmer, 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.....4

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.