

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

18501

State File No. 4694
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 4694		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						
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)			c. LENGTH OF STAY (in this place) 2 wks.		c. CITY OR TOWN St. Louis		d. 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 Jewish Hosp.				e. STREET ADDRESS (If rural, give location) 1459 Clara						
3. NAME OF DECEASED (Type or Print)		a. (First) MAX		b. (Middle)		c. (Last) RAYMOND		4. DATE OF DEATH (Month) (Day) (Year) May 14, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Mar.		8. DATE OF BIRTH Jan. 3, 1879		9. AGE (In years last birthday) 77		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) News paper carrier			10b. KIND OF BUSINESS OR INDUSTRY Newspaper		11. BIRTHPLACE (City and State or Foreign Country) USSR			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Beryl Raymond			13b. MOTHER'S MAIDEN NAME Shipa (unk)			14. NAME OF HUSBAND OR WIFE Mollie				
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. Unk.		17. INFORMANT'S SIGNATURE OR NAME Mollie Raymond				ADDRESS 1459 Clara	
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) Pulmonary embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pelvic thrombophlebitis DUE TO (c) Post operative thrombosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio sclerotic Ht. Disease						INTERVAL BETWEEN ONSET AND DEATH 20 minutes ? 14 days Yes		
19a. DATE OF OPERATION 5.1.56		19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of rectum						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) (Min.)		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 4.21, 1956 , to 5.14, 1956 , that I last saw the deceased alive on 5.14, 1956 , and that death occurred at 12 noon , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) Kenneth D. Serkes M.D.				23b. ADDRESS 216 S. Kingshighway Blvd			23c. DATE SIGNED 5-14-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		24b. DATE 5/15/1956		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth		24d. LOCATION (City, town, or county) (State) University City Mo.				
DATE REC'D BY LOCAL REG. MAY 15 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial ADDRESS 4715 McPherson					

M. J. B.

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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. DeL...

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.