

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22398**

FILED JUN 22 1956

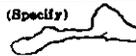
BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **500** Registrar's No. **1310**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Koch	c. LENGTH OF STAY (in this place) (township) 2 mos.	c. CITY OR TOWN ST. LOUIS	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 Rob't Koch Hosp.		e. STREET ADDRESS (If rural: give location) 6608 CLEMENS	

3. NAME OF DECEASED (Type or Print) a. (First) IKE b. (Middle) c. (Last) FORMAN		4. DATE OF DEATH (Month) (Day) (Year) May 27, 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 6 1889
9. AGE (in years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCKER	11. BIRTHPLACE (City and State or Foreign Country) ST. Louis, MO
10b. KIND OF BUSINESS OR INDUSTRY TRUCKING		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME ELI FORMAN	13b. MOTHER'S MAIDEN NAME LOA ?	14. NAME OF HUSBAND OR WIFE LENA Leah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWT	16. SOCIAL SECURITY NO. 495-195303	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hosp. Chart.

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA		2 mos.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Kimmelstiel-Wilson Syndrome DUE TO (c) Diabetes Mellitus		6 mos. 18 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis		2 yrs.	
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) 2lex LA
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 **3/20**, 19**56**, to **5/27**, 19**56**, that I last saw the deceased alive on **5/27**, 19**56**, and that death occurred at **1:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Reynold Friedman M.D.	23b. ADDRESS Koch Hosp. Koch Mo.	23c. DATE SIGNED 5-28-56
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24a. REMARKS (Specify) EMERGENCY	24b. DATE 5/29/56	24c. NAME OF CEMETERY OR CREMATORY Creed Hill Emeth	24d. LOCATION (City, town, or county) (State) St. Louis Mo
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DATE REC'D BY LOCAL REG. 5-29-56	REGISTRAR'S SIGNATURE Hubert B. Romberg	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 22 1956

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. Dineen*.....
Licensed Embalmer No. 3988

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.