

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

24835

FILED JUL 25 1956

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

5964

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri 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 Clayton 4002 <del>St. Louis</del>		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: Jewish Hospital				e. STREET ADDRESS (If rural, give location) 6332 N. Rosebury			
3. NAME OF DECEASED (Type or Print) Jack		a. (First) M.		b. (Middle) Birenbaum		c. (Last)	
4. DATE OF DEATH June 23, 1956		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 19, 1896		9. AGE (In years last birthday) 60	
5. SEX Male		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist		10b. KIND OF BUSINESS OR INDUSTRY Drug Store	
11. BIRTHPLACE (City and State or Foreign Country) Russia				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Max I. Birenbaum		13b. MOTHER'S MAIDEN NAME Eva Weiss		14. NAME OF HUSBAND OR WIFE Yetta Birenbaum			
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. Yetta Birenbaum			
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) <u>Kyphoscoliotic Heart Disease</u> <u>Kyphoscoliotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Chronic	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 434.0				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? Dec 55 6-23-56			
22. I hereby certify that I attended the deceased from <u>December 19, 55</u> to <u>June 23, 1956</u> , that I last saw the deceased alive on <u>June 22, 1956</u> , and that death occurred at <u>10:30 P.M.</u> from the causes and on the date stated above <u>6-21-56</u>							
23a. SIGNATURE <u>R.M. Charnas</u> <u>R.M. Charnas</u>				23b. ADDRESS <u>634 N. Grand</u> <u>634 N. Grand</u>		23c. DATE SIGNED <u>6/24/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/24/1956		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Hebrew		24d. LOCATION (City, town, or county) (State) University City, Mo.	
DATE REC'D BY LOCAL REG. JUN 25 1956		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> mds		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial 4715 McPherson Ave.			

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 *Quinn G. Judwig*  
Licensed Embalmer No. *4229*

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.