

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32277**
Registrar's No. **7888**

FILED SEP 21 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) IBADORE		a. (First) IBADORE	b. (Middle) MOSKOW
5. SEX Male		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY Shoe	8. DATE OF BIRTH Unknown
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	9. AGE (in years last birthday) Abt. 85
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. Unknown	11. BIRTHPLACE (City and State or Foreign Country) South Africa
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.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
19a. DATE OF OPERATION		14. NAME OF HUSBAND OR WIFE Beckie Moskow	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		17. INFORMANT'S SIGNATURE OR NAME Mrs. I. Moskow-4405 W. Pine	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia INTERVAL BETWEEN ONSET AND DEATH 16 days ANTECEDENT CAUSES DUE TO (b) Arterio-sclerosis <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) Prostatic Hypertrophy year II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. fecal impaction year 5 days	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		19. MAJOR FINDINGS OF OPERATION 610x	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 1956 to Aug 24, 1956 , that I last saw the deceased alive on Aug 24, 1956 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Samuel Zremed M.D.		23b. ADDRESS 4409 West Pine	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23c. DATE SIGNED 8/25/56	
24b. DATE 8/27/56		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem. St. Louis County, Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Herman Randskopf, Inc., 5216 Delmar	
DATE REC'D BY LOCAL REG. AUG 27 1956		REGISTRAR'S SIGNATURE Carl Smith MD	

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. 3880
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.