

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42921

State File No. _____

FILED DEC 27 1956

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 11111

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 township) OR TOWN St. LOUIS		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 4 yrs		e. STREET ADDRESS (If rural, give location) 5780 Westminster		5780 Westminster	
3. NAME OF DECEASED (Type or Print) MAX		a. (First)		b. (Middle) DIAMOND	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Dec. 3, 1956			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 1 1882		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner (retired)		10b. KIND OF BUSINESS OR INDUSTRY Furniture Retail		11. BIRTHPLACE (City and State or Foreign Country) USSR	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME (unk) Diamond		13b. MOTHER'S MAIDEN NAME (unk)	
14. NAME OF HUSBAND/OR WIFE Cecelia Diamond		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. (unk)	
17. INFORMANT'S SIGNATURE OR NAME Cecelia Diamond		ADDRESS 5780 Westminster			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Subacute C.V. Disease.		INTERVAL BETWEEN ONSET AND DEATH 4 yrs	
II. ANTECEDENT CAUSES Morbidity 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. Pulm. Emphysema		4221 4 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) Homicide		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 7/15, 1953, to 12/3, 1956 that I last saw the deceased alive on 11/28, 1956, and that death occurred at 6:30 a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Arthur E. Strand M.D.		23b. ADDRESS 539 N. Grand		23c. DATE SIGNED 12/3/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 12-5-56		24c. NAME OF CEMETERY OR CREMATORY B'Nai Amoona Cem.	
24d. LOCATION (City, town, or county) (State) Univ. City Mo.		DATE REC'D BY LOCAL REG. DEC 5 1956		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial		ADDRESS 4715 McPherson			

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.....
Lawrence J. Davis

Licensed Embalmer No. 3985

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.