

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **43309**  
Registrar's No. **11756**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>11756</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>2 days</b>		c. CITY OR TOWN <b>St. Louis</b>		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 <b>Jewish Hosp.</b>				* STREET ADDRESS (If rural, give location) <b>5601 Washington Ct.</b>			
3. NAME OF DECEASED (Type or Print) <b>ADDIE</b>		a. (First)		b. (Middle)		c. (Last) <b>KASSOFF</b>	
4. DATE OF DEATH <b>Dec. 23, 1956</b>		4. DATE (Month) (Day) (Year)		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Marr.</b>		8. DATE OF BIRTH <b>Sept. 1, 1901</b>		9. AGE (In years last birthday) <b>55</b>		IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>New York, N.Y.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Louis Rosenthal</b>		13b. MOTHER'S MAIDEN NAME <b>Sophie (unk)</b>		14. NAME OF HUSBAND/OR WIFE <b>Joe</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Joe Kassoff</b> ADDRESS <b>5601 Washington Ct.</b>			
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) <b>Cardiac arrest</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <b>↑</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Amyotonia congenita</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		744.1	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., to 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? _____					
22. I hereby certify that I attended the deceased from <b>Dec. 21, 1956</b> , to <b>Dec. 22, 1956</b> , that I last saw the deceased alive on <b>Dec. 22, 1956</b> , and that death occurred at <b>10<sup>00</sup> p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Harvey Walker Jr., M.D.</b>		(Degree or title) _____		23b. ADDRESS <b>216 S. Kingshighway</b>		23c. DATE SIGNED <b>Dec. 23, 1956</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem.</b>		24b. DATE <b>12/24/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Chevra Kadisha</b>		24d. LOCATION (City, town, or county) (State) <b>University City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 24 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mem Berger</b>		ADDRESS <b>4715 McPherson</b>	

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No.....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.