

FILED DEC 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43373

State File No. ....

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10821

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10821	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>4 hrs</u>		c. CITY OR TOWN <u>Richmond Hts</u>		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 <u>Jewish Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>7701a Brookline</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAM</u>			b. (Middle) _____			c. (Last) <u>KUCHER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 26, 1956</u>							
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept. 15, 1899</u>	
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Days _____		IF UNDER 4 HRS. Hours _____		IF UNDER 15 MIN. Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sup't</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pants Factory</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>USSR</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>(unk) Kucher</u>			13b. MOTHER'S MAIDEN NAME <u>Hannah</u>			14. NAME OF HUSBAND OR WIFE <u>(unk) Sarah</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>332-07-7236</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Shirley Kranzberg</u>		ADDRESS <u>7701a Brookline</u>	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastatic carcinoma of kidney</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma of kidney</u>  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>11 MO.</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						<u>180X</u>	
19a. DATE OF OPERATION <u>None</u>		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) <u>St. Louis</u> <u>MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>4:10</u> , 19 <u>56</u> , to <u>1:36</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11/26</u> , 19 <u>56</u> , and that death occurred at <u>12:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Mona Abnauer</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>4405 W. Pine St. Louis 8</u>		23c. DATE SIGNED <u>11/26/56</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-27-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>		24d. LOCATION (City, town, or county) (State) <u>Univ. City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>NOV 27 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial</u>		ADDRESS <u>4715 McPherson</u>	

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. DeLuca*

Licensed Embalmer No..... 398

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.