No. 300
10.48

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

FILED MAR 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6369

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1334

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (in this place) 2hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jewish Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY St. Louis
c. CITY OR TOWN University City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 9013 Old Benhomme Rd.

3. NAME OF DECEASED (Type or Print)
a. (First) BECKY
b. (Middle)
c. (Last) KOLDUN

4. DATE OF DEATH (Month) (Day) (Year) Feb. 8, 1957

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH June 10, 1902
9. AGE (In years last birthday) 54 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Poland
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Nathan Bizoza
13b. MOTHER'S MAIDEN NAME Mary (unk)
14. NAME OF HUSBAND OR WIFE Jacob

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Jacob Koldun
ADDRESS 9013 Old Benhomme

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED - CARCINOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH: Few Mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) PRIMARY RETROPERITONEAL HEMANGIO - SARCOMA — About 5 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. NONE 158X

19a. DATE OF OPERATION 10-17-56
19b. MAJOR FINDINGS OF OPERATION Huge Retroperitoneal Tumor (Malignant)
20. AUTOPSY? YES ☐ NO ☒

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) St. Louis (COUNTY) Mo. (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Oct 1, 1956, *to* Feb 8, 1957, *that I last saw the deceased alive on* Feb 8, 1957, *and that death occurred at* 11 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Alvin Goldfarb M.D. (Degree or title)
23b. ADDRESS 100 N. Euclid Ave
23c. DATE SIGNED 2/9/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Int.
24b. DATE 2/11/57
24c. NAME OF CEMETERY OR CREMATORY Chevra Kadisha
24d. LOCATION (City, town, or county) University City, Mo. (State)

DATE REC'D BY LOCAL REG. FEB 11 5
REGISTRAR'S SIGNATURE J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial
ADDRESS 4715 McPherson
MGB
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 3988

P. O. Address .....

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