

FILED MAR 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH1003 State File No. 6517
Registrar's No. 1336

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO.		1003		State File No. 6517		Registrar's No. 1336			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis									
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				c. LENGTH OF STAY (In this place) 6 days		c. CITY OR TOWN Clayton		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 14 Jewish Hosp.				e. STREET ADDRESS (If rural, give location) 27 7530 Buckingham									
3. NAME OF DECEASED (Type or Print)		a. (First) CECELIA		b. (Middle)		c. (Last) PASS		4. DATE OF DEATH Feb. 9 1957					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Marr.		8. DATE OF BIRTH July 15, 1893		9. AGE (In years last birthday) ab. 63		IF UNDER 1 YEAR Months Days 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) USSR		12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Harry Kneznokoff			13b. MOTHER'S MAIDEN NAME Dora (unk)			14. NAME OF HUSBAND OR WIFE Abraham							
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Abraham Pass 7530 Buckingham									
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, gen. DUE TO (c) 331XH II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastatic carcinoma						INTERVAL BETWEEN ONSET AND DEATH 4 days 5 yrs. 7 mos					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? 2 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)									
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 2/4, 1957, to 2/9, 1957, that I last saw the deceased alive on 2/8, 1957, and that death occurred at 7:55 A.M., from the causes and on the date stated above.													
23a. SIGNATURE Harry Berger MD				(Degree or title)				23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 2/9/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cem.		24b. DATE 2/11/57		24c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagodol Ladue Mo.		24d. LOCATION (City, town, or county) (State)							
DATE REC'D BY LOCAL REG. FEB 11 57		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial		ADDRESS 4715 W. Chafferson							

(Licensed Embalmer's Statement on Reverse Side)

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

10. 48

10. 300

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 *Edward J. DeLuca*.....

Licensed Embalmer No. 3988.....

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.