

FILED MAR 29 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

10563
 State File No. 2111

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
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) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 10 days		c. CITY OR TOWN University City		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 Jewish Hosp. 0				e. STREET ADDRESS (If rural, give location) 8327 Orchard					
3. NAME OF DECEASED (Type or Print) SAM		a. (First)		b. (Middle) KOHM		c. (Last)			
4. DATE OF DEATH Mar. 2, 1957		5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid. 2			
8. DATE OF BIRTH ab. 1885		9. AGE (In years last birthday) ab. 72		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10b. KIND OF BUSINESS OR INDUSTRY Cap Manf.			
11. BIRTHPLACE (City and State or Foreign Country) USSR 6		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Benjamin Kam		13b. MOTHER'S MAIDEN NAME Unk.			
14. NAME OF HUSBAND OR WIFE Mollie		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 697-07-0689		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. S. Silverman 8327 Orchard			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis Pulmonary art. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive arteriosclerosis DUE TO (c) heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephrosclerosis				INTERVAL BETWEEN ONSET AND DEATH 1 hr - 5 yrs + 5 yrs +	
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) (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 _____ 19 47 , to Mar. 2, 1957 , that I last saw the deceased alive on Mar 1, 1957 , and that death occurred at 6:30 a.m. , from the causes and on the date stated above.		23a. SIGNATURE Llewellyn Sak		23b. ADDRESS 100 N. Kingshighway			
23c. DATE SIGNED 3/2/57		24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		24b. DATE 3/3/57		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth			
24d. LOCATION (City, town, or county) (State) University City, Mo.		DATE REC'D BY LOCAL REG. MAR 4 '57		REGISTRAR'S SIGNATURE Charles Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 Mohrson			

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

St. Louis

No.

x

University City

In days

St. Louis

8327 Orchard

Jewish Hosp.

Mar. 2, 1927

KOHM

MA2

ap. 75

ap. 1885

wid.

White

Male

USA

USSR

Cap. Ment.

Operator

Mollie

Unk.

Benjamin 4am

Mrs. P. L. ... 8327 Orchard

No.

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 *Quis J. Ludwig*

Licensed Embalmer No. 4329

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 stated.

Rec. 3/27

Embalmer Memorial ...