

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 22 1957

State File No. **14886**
3237

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 MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 27 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DePaul Hosp.							
3. NAME OF DECEASED (Type or Print) JOSEPH		a. (First) JOSEPH		b. (Middle) M.		c. (Last) KAUFMAN	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.		4. DATE OF DEATH (Month) (Day) (Year) APRIL 2 1957	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10b. KIND OF BUSINESS OR INDUSTRY Serv. Station		8. DATE OF BIRTH JAN. 10 1894.		9. AGE (In years last birthday) 63.	
11. BIRTHPLACE (State or foreign country) RUSSIA		12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Meyer Kaufman		13b. MOTHER'S MAIDEN NAME Zlota		14. NAME OF HUSBAND OR WIFE (unk) Rena			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rena Kaufman 5794 McPherson			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOGENIC CARCINOMA				INTERVAL BETWEEN ONSET AND DEATH 6 MO?			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 162x							
19a. DATE OF OPERATION 3/29/57.		19b. MAJOR FINDINGS OF OPERATION CONFIRMED ABOVE				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (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 3/21 , 1957, to 4/2 , 1957, that I last saw the deceased alive on 4/2/57 , 19____, and that death occurred at 11 P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James L. Smith M.D.				23b. ADDRESS 6347 Grand Blvd		23c. DATE SIGNED 4/3/57.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		24b. DATE 4/4/57		24c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagodol Ladue, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. APR 3 '57		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson			

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

27 yrs

St. Louis

DePaul Hosp.

M.

Operator

Operator

Serv. Station

Meyer Kaufman

Reina

(m/f)

Unk.

Unk. Heine Kaufman 2704 McPherson

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 _____
Student Embalmer

Signed

Quiro J. Juding
Licensed Embalmer No. *4339*

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 this body is not embalmed by the person named above, it should be embalmed by _____

4/1/57

Reina

Berger Memorial 415 McPherson