

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 022896
STATE FILE NUMBER
5340

FILED JUN 20 1957

Registration District No. 318 Primary Registration District No. 1003

Registrar's 5340

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Louis TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hosp.		Length of stay in lb 16 yrs. 5 mo. 9	d. STREET ADDRESS 5902 Horton (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) JOSEPH SINGER <i>First Middle Last</i>		4. DATE OF DEATH June 6, 1957 <i>Month Day Year</i>	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 25, 1894
9a. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Retail liquor	11. BIRTHPLACE (City and state or country) USSR
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Unk. Singer	
14. MOTHER'S MAIDEN NAME Unk.		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW#1	
16. SOCIAL SECURITY NO. Unk.		17. INFORMANT Lena Singer 5902 Horton <i>Address</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Apoplexy. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 334x			INTERVAL BETWEEN ONSET AND DEATH
19a. ACCIDENT <input type="checkbox"/>	19b. SUICIDE <input type="checkbox"/>	19c. HOMICIDE <input type="checkbox"/>	19d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of this form) Fractured left radius held up in plaster at 620 North Broadway.
19e. TIME OF INJURY Hour Month, Day, Year a. m. p. m. June 6th 1957. about 605 am		19f. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
19g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		19h. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 8:26 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James M Kelly Deputy <i>(Deputy or Agent)</i>		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 6-7-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.	23b. DATE 6/9/57	23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth	23d. LOCATION (City, town, or county) (State) University City, Mo.
24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson		25. DATE RECD. BY LOCAL REG. JUN 7 '57	26. REGISTRAR'S SIGNATURE Carl Smith MD <i>MSB</i>

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

