

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26748

FILED JUL 22 1957

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 1716

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8033 Delmar		Length of stay in lb 7 yrs.	d. STREET ADDRESS (If outside, give location) 8033 Delmar		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) MORRIS SAFRON <i>First Middle Last</i>			4. DATE OF DEATH July 8, 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 July 4, 1870	9. AGE (In years of birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manf.		10b. KIND OF BUSINESS OR INDUSTRY Pillows	11. BIRTHPLACE (City and state or country) Austria		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Mordecai Safron			14. MOTHER'S MAIDEN NAME Yetta (unk)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yrs, give war or dates of service)		16. SOCIAL SECURITY NO. Unk.	17. INFORMANT Mrs. Celia Safron 8033 Delmar <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) arteriosclerotic heart disease DUE TO (b) Generalized arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____					INTERVAL BETWEEN ONSET AND DEATH 1 year years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4200			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 10/29/56 , to 7/8/57 and last saw ^{her} him alive on 7/8/57 . Death occurred at 8:00 ^A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Max S. Franklin M.D.			22b. ADDRESS 634 N. Grand Ave.		22c. DATE SIGNED 7/8/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Bur.		23b. DATE 7/9/57	23c. NAME OF CEMETERY OR CREMATORY Chevre Kadisha		23d. LOCATION (City, town, or county) (State) University City, Mo.
24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson		25. DATE RECD. BY LOCAL REG. 5-8-57		26. REGISTRAR'S SIGNATURE Herbert B. Dombrowski	

(Licensed Embalmer's Statement on Reverse Side)

If death is due to natural causes, coroner cannot certify to a death due to natural causes. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE UNIVERSITY OF

St. Louis	St. Louis
University City	University City
8033 Delmar	8033 Delmar
July 8, 1957	MORRIS
July 4, 1870	white
USA	Male
Austria	Pinions
Yetta (unk)	Morbecal Saffron

STATEMENT BY LICENSED EMBALMER

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

by me, or by Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed *James G. [Signature]*
Licensed Embalmer No. 42

P. O. Address

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

BUR. 7/10/57

Bornier Medical Arts - of person