

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29160

STATE FILE NUMBER

FILED AUG 30 1957

318

1003

6912

Registration District No. Primary Registration District No. 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, give TOWNSHIP only) OR TOWN St. Louis		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 Jewish Hosp.			Length of stay in 1b 3 wks.		d. STREET (If outside, give location) ADDRESS 8140 Gannon		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Phillip Middle M Last Alper				4. DATE OF DEATH Month July Day 23 Year 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 6, 1868		9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Retail Wom. wear		11. BIRTHPLACE (City and state or country) USSR		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Kopel Alper				14. MOTHER'S MAIDEN NAME Saiga (unk)				
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 Address Max Alper 8140 Gannon				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (a) Bronchopneumonia							INTERVAL BETWEEN ONSET AND DEATH 36 hrs.	
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.		DUE TO (b) metastatic carcinoma of the prostate		DUE TO (c)		5 yrs		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.)					
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 June 31, 1957 , to July 23, 1957 and last saw her alive on July 23, 1957 . Death occurred at 7:22 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Donald T. Linger M.D.				22b. ADDRESS 4652 Maryland		22c. DATE SIGNED 7-23-57		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 7/24/57	23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emet		23d. LOCATION (City, town, or county) (State) University City Mo.			
24. FUNERAL DIRECTOR ADDRESS Berger Memorial 4715 McPherson				25. DATE RECD. BY LOCAL REG. JUL 24 57		26. REGISTRAR'S SIGNATURE Carl Smith Mo		

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

St. Louis

Mo.

X

University City

X

St. Louis

8140 Gannon

3 Wks.

Jewish Hosp.

July 23, 1927

Albert

Phillip

88

Feb. 6, 1908

X

White

Male

USA

USUR

Retain on West

Retention

(MKN)

Age

Kobei Finger

MAX ALBERT 8140 GANNON

None

No

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was prepared by me, or by Student Embalmer No. working under my personal supervision..

Student Signature of Student Embalmer

Signed: [Signature] Licensed Embalmer No.

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.

Register of Deaths & Burials