

XC-2 357 456

SL-15773 FILED FEB 6 1958 STANDARD CERTIFICATE OF DEATH

THE DIVISION OF HEALTH OF MISSOURI

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1122

2136

5. 300
 1-57

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, give TOWNSHIP only) OR TOWN ST LOUIS		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 35 915 N. GRAND AVE.		Length of stay in 1b 11 days	d. STREET (If outside, give location) ADDRESS 7020 LANSDOWNE AVE.

3. NAME OF DECEASED (Type or print) First Middle Last ISAAC L. KAUFMAN			4. DATE OF DEATH Month Day Year 1/29/58		
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 1/15/75	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINEER - RETIRED		10b. KIND OF BUSINESS OR INDUSTRY STEAM	11. BIRTHPLACE (City and state or country) VICKSBURG, MISSISSIPPI	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME NATHAN KAUFMAN		13b. MOTHER'S MAIDEN NAME SARAH MONHEIMER		14. NAME OF HUSBAND OR WIFE Josephine	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES SPAN	16. SOCIAL SECURITY NO. NONE	17. INFORMANT VAH, 915 N. GRAND AVE., ST. LOUIS, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia 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) Emphysema		INTERVAL BETWEEN ONSET AND DEATH 2 days
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20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> NONR <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 1/18/58 to 1/29/58 and last saw him alive on 1/29/58 Death occurred at 12:52 AM on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE John Shields (Degree or title)	22b. ADDRESS VAH, ST. LOUIS, MISSOURI	22c. DATE SIGNED 1/29/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb 1, 1958	23c. NAME OF CEMETERY OR CREMATORY S.S Peter & Paul	23d. LOCATION (City, town, or county) (State) St. Louis Missouri
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24. FUNERAL DIRECTOR'S ADDRESS Hoffmeister Colonial Mortuary 6464 Chippewa St. St. Louis, Missouri	25. DATE RECD. BY LOCAL REG. JAN 30 '58	26. REGISTRAR'S SIGNATURE Carl Smith MD
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

r. i.

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 *Levin C. Hoffmann*

Licensed Embalmer No. *3871*
P. O. Address *7814 S. B...*

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 so stated above.