Health, Welfare ublic ervice

300 -57 12 3

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003588
STATE FILE NUMBER

FILED FEB 10 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 1057

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 TOWN St. Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Hamilton Med. Center — Length of stay in 1b 2 mths.	d. STREET ADDRESS (If outside, give location) 2129 Roosevelt Hotel 4903 Delmar — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: MORRIS	Middle:	Last: UKMAN	4. DATE OF DEATH Month Day Year: Jan. 29, 1959
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: ~~Unk.~~ Jul. 11, 1884	9. AGE (In years last birthday): ~~ab. 72~~ 74 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: 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: Pawn Shop	11. BIRTHPLACE (City and state or country): USSR 6	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: unk. Ukman	13b. MOTHER'S MAIDEN NAME: Unk.	14. NAME OF HUSBAND OR WIFE: -		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: Unk.	17. INFORMANT: Gus Ukman — Address: 7048 Tulane		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Arterio Sclerotic Heart Disease	8 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Art, Sclerosis	8 yrs.
DUE TO (c)	420.0	

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 [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

ITEM 8, 9 3-10-59 DES CORRECTED
BY: 1. AFFIDAVIT OF Funeral Director
2. DOCUMENT Metropolitan Life Ins. Policy #7009336 Dated 5-4-31

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 5/4/51, to 1/29/59 and last saw ~~her~~ him alive on 1/24/59
Death occurred at 11 55 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Arthur E. Strauss, M.D.	22b. ADDRESS: 3720 Washington	22c. DATE SIGNED: 1/29/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Rem.	23b. DATE: 1/30/59	23c. NAME OF CEMETERY OR CREMATORY: Chesed Shel Emeth	23d. LOCATION (City, town, or county) (State): University City, Mo.
24. FUNERAL DIRECTOR: Berger emorial — ADDRESS: 4715 McPherson	25. DATE RECD. BY LOCAL REG.: JAN 29 '59	26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.	

(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.

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 .....

Licensed Embalmer No. 3988

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.