

FILED APR 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13659

State File No. \_\_\_\_\_

Registrar's No. 3283

BIRTH NO. _____		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>5740 Waterman Avenue</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>EMIL</b> b. (Middle) _____ c. (Last) <b>CARO</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 10, 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 22, 1853</b>
9. AGE (In years last birthday) <b>95</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>19</b>	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Advertising Manager</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Germany</b>
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>Unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Henrietta Caro</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Babette Lipsitz-5740 Waterman</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>auricular fibrillation</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>chronic myocarditis</b> DUE TO (c) <b>generalized arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>pneumonia</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>5 years</b> <b>5 years</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>1944</b> , to <b>April 10, 1949</b> , that I last saw the deceased alive on <b>April 10, 1949</b> , and that death occurred at <b>9:00 A. M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Herbert W. Slesinger M.D.</b>		23b. ADDRESS <b>634 No Grand Ave</b>	
23c. DATE SIGNED <b>4/11/49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>4/12/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Sinai Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		DATE REC'D BY LOCAL HEALTH DEPT. <b>APR 12 1949</b>	
REGISTRAR'S SIGNATURE <b>J. B. Sasser</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman Rindskopf, Inc</b>	
ADDRESS <b>5216 Delmar</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

No. 300

10.48

JUN 5

**STATEMENT BY LICENSED EMBALMER**

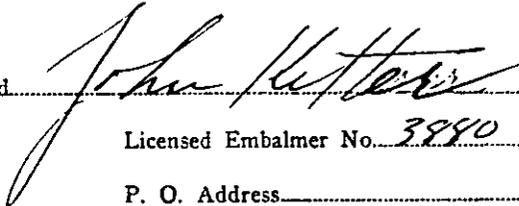
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed



Licensed Embalmer No. 3880

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