

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39250

State File No.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9555

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 9555							
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY <u>Gas</u>											
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis			c. LENGTH OF STAY (in this place) 1 Month			c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			d. STREET ADDRESS (If rural, give location) 4904 Itaska						
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital															
3. NAME OF DECEASED a. (First) Belle				b. (Middle) Rebecca				c. (Last) Saper (Saplitsky)				4. DATE OF DEATH (Month) (Day) (Year) 11 4 1949			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) Ab. 63		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		IF UNDER 15 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) Russia				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Joshua Kraschinsky				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Yale Saper							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. None				17. INFORMANT'S SIGNATURE OR NAME Yale Saper				ADDRESS 4904 Itaska Avenue			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Diabetes Mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>years</u> <u>years</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) <u>61</u> (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? <u>Flux</u>							
22. I hereby certify that I attended the deceased from <u>Nov 1</u> , 1949, to <u>Nov 4</u> , 1949, that I last saw the deceased alive on <u>Nov 4</u> , 1949, and that death occurred at <u>6:30</u> P. M., from the causes and on the date stated above.															
23a. SIGNATURE <u>Raymond Charnoff</u> (Degree or title) <u>M.D.</u>								23b. ADDRESS <u>624 N. Grand Avenue</u>				23c. DATE SIGNED <u>11/5/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>11/6/1949</u>				24c. NAME OF CEMETERY OR CREMATORY <u>B'nai Amoona</u>				24d. LOCATION (City, town, or county) (State) <u>University City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>NOV 6 1949</u>				REGISTRAR'S SIGNATURE <u>J.B. Lacater</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial</u> ADDRESS <u>4715 McPherson Ave.</u>							

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

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
Student Embalmer

Signed

James J. Anderson
.....
Licensed Embalmer No. *4529*

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.