

FILED DEC 27 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42463

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1003

State File No. 10781

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sewish HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>5591 WELLS</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Abraham</u> b. (Middle) _____ c. (Last) <u>Fishman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-15-1949</u>						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov-26-1876</u>			
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRESSER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ladies TAILOR</u>		11. BIRTHPLACE (State or foreign country) <u>RUSSIA VI</u>			
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>DAVID DONA FISHMAN</u>		13b. MOTHER'S MAIDEN NAME <u>SHANDEL</u>		14. NAME OF HUSBAND OR WIFE <u>Anne Fishman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>488-18-1500</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Annet Fishman</u> ADDRESS <u>5591 Wells</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis 1 day</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerotic Heart Disease</u> DUE TO (c) _____ 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 day</u> <u>8 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (COUNTY) (STATE) <u>St. Louis MO MO</u>		21f. HOW DID INJURY OCCUR? <u>Heart</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from <u>Nov 1941</u> to <u>12/15, 1949</u> , that I last saw the deceased alive on <u>12/15, 1949</u> , and that death occurred at <u>6:30</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Arthur E. Stuebel M.D.</u>				23b. ADDRESS <u>539 N. Grand</u>		23c. DATE SIGNED <u>12/15/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-16-1949</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>Chesed Shel Emeth</u>		24d. LOCATION (City, town, or county) (State) <u>7500 Olive St. St. Louis MO</u>			
DATE REC'D BY LOCAL REG. <u>DEC 15 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Susater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Benharder</u> ADDRESS <u>5010 Enright</u>					

WRITE PLAINLY—USING UNFADING 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

W. B. Penhender

Licensed Embalmer No. 3669

P. O. Address 5010 Enright

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.