

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11450

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 638

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY OR TOWN <u>Rural: Airport Township</u>		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>JEWISH SANATORIUM</u>		STREET ADDRESS (If rural, give location) <u>Mo 6 1374 1/2 Belt</u>	

3. NAME OF DECEASED (Type or Print) <u>Morris</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>Appleman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 11 1950</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>unknown</u>
9. AGE (In years last birthday) <u>about 76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	11. BIRTHPLACE (State or foreign country) <u>Russia</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clothing Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Selling Men's Clothes</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Chiam Appleman</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Finna</u>	14. NAME OF HUSBAND OR WIFE <u>Razel Appleman Margulis</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Raul Greenwald</u> ADDRESS <u>7335 Shaftsbury</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>one day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension and arteriosclerotic heart disease</u> DUE TO (c) <u>nephrosclerosis</u>		<u>4 years</u>  <u>9 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>442X</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 March 25, 1949, to March 11, 1950, that I last saw the deceased alive on March 11, 1950, and that death occurred at 5:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Shelton M. W.</u>	23b. ADDRESS <u>Jewish Sanatorium, Fee Fee Road, Robertson, Mo.</u>	23c. DATE SIGNED <u>3/11 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-12-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>	24d. LOCATION (City, town, or county) (State) <u>7500 Olive St. Ca Mo</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAR 11 1950</u> <u>Herbert Palonke</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Oxhandler 5010 Enright</u>
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WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Good

**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. J. Openhandler*.....

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.