

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 25245

Registrar's No. 5424

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. 5424			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 30 days		c. CITY (If outside corporate limits, write RURAL and give township) University City 4356		OR TOWN			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.				3. STREET ADDRESS (If rural, give location) 7235 Dorsett					
3. NAME OF DECEASED (Type or Print) NATHAN			a. (First)		b. (Middle) SCHARF		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) June 21, 1950		5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Unk.	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours		IF UNDER 1 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Grocer			10b. KIND OF BUSINESS OR INDUSTRY Retail			11. BIRTHPLACE (State or foreign country) Austria 4		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Ellis Scharf			13b. MOTHER'S MAIDEN NAME Frieda Schaeffer			14. NAME OF HUSBAND OR WIFE Minna			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nettie Enger 7235 Dorsett				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon adenocarcinoma						one month	
		ANTECEDENT CAUSES							
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>							
		II. OTHER SIGNIFICANT CONDITIONS							
		<p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p>Sigmoiditis, Sclerosis</p>						year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Sigmoidectomy, Carcinoma of liver						20. AUTOPSY? YES <input checked="" 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) _____		21d. (COUNTY) _____		21e. (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 151X					
22. I hereby certify that I attended the deceased from Jan 1946 to 6-21, 1950, that I last saw the deceased alive on June 20, 1950 and that death occurred at 49 m., from the causes and on the date stated above.									
23a. SIGNATURE Ham Sandberg M.D. (Degree or title)				23b. ADDRESS 674 N. Bond Bel. St. Mo.		23c. DATE SIGNED 6-21-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/22/50		24c. NAME OF CEMETERY OR CREMATORY Chesed Shek Emeth		24d. LOCATION (City, town, or county) (State) University City Mo.			
DATE REC'D BY LOCAL REG. JUN 21 1950		REGISTRAR'S SIGNATURE J. B. Suter			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bereger Memorial 4715 McPherson				

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 *James A. Audling*

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.