

FILED MAY 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14835

3247

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

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 township) St. Louis	c. LENGTH OF STAY (In this place or township) 2 Wks.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4346	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.		d. STREET ADDRESS (If rural, give location) 7376 Cornell 1	

3. NAME OF DECEASED (Type or Print) a. (First) FANNIE b. (Middle) UKMAN c. (Last) UKMAN			4. DATE OF DEATH (Month) (Day) (Year) Apr. 5, 1951			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Never married</u>	8. DATE OF BIRTH Feb. 15, 1899	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months Days	IF UNDER 6 WKS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millinery trimmer		10b. KIND OF BUSINESS OR INDUSTRY Manf.	11. BIRTHPLACE (State or foreign country) USSR 6		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Louis Ukan	13b. MOTHER'S MAIDEN NAME Rose Bennis h	14. NAME OF HUSBAND OR WIFE
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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. 490-01-5483	17. INFORMANT'S SIGNATURE OR NAME Mrs. H. Pearlman	ADDRESS 7276 Cornell
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days 5 yrs "
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pharynx, Heart Disease withal Stenosis &amp; Regurgitation</u> DUE TO (c) <u>Articular Fibillation</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? L/H/O

22. I hereby certify that I attended the deceased from June 11, 1946, to April 5, 1951, that I last saw the deceased alive on April 5, 1951, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter E. Straub</u>	(Degree or title) M.D.	23b. ADDRESS 539 N. Grand	23c. DATE SIGNED 4/6/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/8/51	24c. NAME OF CEMETERY OR CREMATORY hesh Shel Emeth	24d. LOCATION (City, town, or county) (State) University City Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 6 1951 <u>J. B. Foster</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Berger Memorial 4715 Cherson
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*[Handwritten signature]*

**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

*[Handwritten signature: Curtis J. Purdum]*  
Licensed Embalmer No. *229*

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.