

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14869

State File No.

3663

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 <u>MO.</u> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>40 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>2259</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LUTHERAN Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>MILNER HOTEL - 18th & WASHINGTON</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ISRAEL</u> b. (Middle) <u>WARSHAFSKY</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 18 1951</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Div. 3</u>	8. DATE OF BIRTH <u>UNK</u>	9. AGE (in years last birthday) <u>49</u> # UNDER 1 YEAR Months Days # UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCRAP DEALER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Poland</u> <u>4</u>			
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>JAKE WARSHAFSKY</u>		13b. MOTHER'S MAIDEN NAME <u>HILDA (UNK)</u>			
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>NATHAN WARSHAFSKY</u>		ADDRESS <u>7559 BAYVIEW</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolus</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Rheumatic heart disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>mitral insufficiency</u>				INTERVAL BETWEEN ONSET AND DEATH	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H/OX</u>			
22. I hereby certify that I attended the deceased from <u>June 1948</u> to <u>April 1951</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:42 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm B Kuentz</u>		23b. ADDRESS <u>4500 Olive</u>		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/20/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chelms Kadisha</u>			
24d. LOCATION (City, town, or county) (State) <u>UNIVERSITY CITY MO</u>		DATE REC'D BY LOCAL REG. <u>APR 19 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Karstow</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>BERGER Memorial</u>		ADDRESS <u>4718 Michigan</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 _____

Licensed Embalmer No. 4229

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.