

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24276

State File No. 6140

Registrar's No.

1003

318

No. 300
10.48

FILED JUL 26 1951

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		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															
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis			c. LENGTH OF STAY (in this place) 40 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			2209												
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.				d. STREET ADDRESS (If rural, give location) 2614 Nat. Bridge															
3. NAME OF DECEASED (Type or Print) a. (First) IDA			b. (Middle)			c. (Last) BECKERMAN			4. DATE OF DEATH (Month) (Day) (Year) July 9, 1951										
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH unk		9. AGE (In years last birthday) ab. 61	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) USSR			12. CITIZEN OF WHAT COUNTRY? USA											
13a. FATHER'S NAME Sol Farbstein			13b. MOTHER'S MAIDEN NAME Dena Weitz			14. NAME OF HUSBAND OR WIFE Henry													
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 ADDRESS Sol Beckerman 6431a Alamo															
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, ashenia, etc. It means the disease, injury, or complication which caused death.										MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>left cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>aplastic anemia</u> INTERVAL <u>1 1/2 years</u> DUE TO (c) 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 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) (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? <u>292.4</u>														
22. I hereby certify that I attended the deceased from <u>July 7, 1951</u> , to <u>July 9, 1951</u> , that I last saw the deceased alive on <u>July 9, 1951</u> , and that death occurred at <u>9:25 pm</u> , from the causes and on the date stated above.																			
23a. SIGNATURE (Degree or title) <u>J. W. Magidson M.D.</u>				23b. ADDRESS <u>500 N. 1st St.</u>				23c. DATE SIGNED <u>7-9-51</u>											
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/10/51		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel meth			24d. LOCATION (City, town, or county) (State) University City Mo.												
DATE REC'D BY LOCAL REG. JUL 10 1951		REGISTRAR'S SIGNATURE <u>J. P. Foster</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger memorial 4715 McPherson														

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12/11/11

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. Judging*
Licensed Embalmer No. 4339

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.