

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43360

FILED JAN 10 1952

State File No. 11412
Registrar's No. 11412

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
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) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1393 Shawmut		d. STREET ADDRESS (If rural, give location) St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.			d. STREET ADDRESS (If rural, give location) St. Louis		
3. NAME OF DECEASED (Type or Print) a. (First) Betty b. (Middle) Subovitz c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 12-23-51		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Unk.	9. AGE (In years last birthday) ab. 46	10. MONTHS 12 11. DAYS 23 12. HOURS 5 13. MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) USSR	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Isadore Rapperport		13b. MOTHER'S MAIDEN NAME Sophie Feingold		14. NAME OF HUSBAND OR WIFE Meyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Meyer Subovitz ADDRESS 1393 Shawmut		
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) carcinoma of the breast DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 6 months 7 1/2 yrs
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"/>
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 170X			
22. I hereby certify that I attended the deceased from 7/15, 1950 , to 12/23, 1951 , that I last saw the deceased alive on 12/23, 1951 , and that death occurred at 12:10 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Samuel D. Silvermintz, M.D. (Degree or title)		23b. ADDRESS 508 N. Grand		23c. DATE SIGNED 12/23/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/24/51	24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Ameth	24d. LOCATION (City, town, or county) (State) University City Mo.		
DATE REC'D BY LOCAL REG. DEC 24 1951	REGISTRAR'S SIGNATURE J. Carl Smith, MO		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial ADDRESS 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Student Embalmer

Signed

Harold A. Anderson

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.