

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44139**  
Registrar's No. **10937**

FILED FEB 8 1952

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10937</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>4 wks.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>University City</b>		<b>4336</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>808 Eastgate</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>BIRDIE</b> b. (Middle) _____ c. (Last) <b>CAPLIN</b>			4. DATE OF DEATH <b>Dec. 7, 1951</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 8, 1898</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jacob Finkelstein</b>		13b. MOTHER'S MAIDEN NAME <b>Annie Slupsky</b>		14. NAME OF HUSBAND OR WIFE <b>Jack</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Jack Caplin</b> ADDRESS <b>808 Eastgate</b>			
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) <b>Lymphosarcoma</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <b>8 mos</b>	
19a. DATE OF OPERATION <b>Apr '51</b>	19b. MAJOR FINDINGS OF OPERATION <b>Bopsy for diag. Cervical lymph node</b>					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? <b>200K</b>				
22. I hereby certify that I attended the deceased from <b>5/16/51</b> , 19____, to <b>12/7/51</b> , 19____, that I last saw the deceased alive on <b>12/7/51</b> , 19____, and that death occurred at <b>8 PM</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Typed or title) <b>Leo Gottlieb MD</b>				23b. ADDRESS <b>457 N. Kingshighway, St. Louis</b>		23c. DATE SIGNED, <b>12/8/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12/9/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Sinai</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>			
DATE REC'D BY LOCAL REG. <b>DEC 11 1951</b>		REGISTRAR'S SIGNATURE <b>Paul Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial</b> ADDRESS <b>4715 Mc herson</b>			

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 *Quinn J. Quindary*.....

Licensed Embalmer No. *7829*.....

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.