

FILED JAN 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3011

318

State File No. 390

1003

Registrar's No. 0390

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 390	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (In this place) 7 wks.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location) 5836 Easton Avenue.			
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) MAX c. (Last) Krasner			4. DATE OF DEATH (Month) (Day) (Year) January 13, 1952				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 15, 1883	
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		10b. KIND OF BUSINESS OR INDUSTRY Laundry		11. BIRTHPLACE (State or foreign country) Russia	
12. CITIZENSHIP OF WHAT COUNTRY? USA		13a. FATHER'S NAME Hillel Krasner		13b. MOTHER'S MAIDEN NAME Ida Natinsky		14. NAME OF HUSBAND OR WIFE Rose Krasner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rose Krasner 5836 Easton Avenue			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Senile arteriosclerotic nephrosclerosis with uremia <i>*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> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease with old myocardial infarction DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> INTERVAL BETWEEN ONSET AND DEATH One year Several yrs							
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. HOW DID INJURY OCCUR? 4200	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Dec. 1, 1951 , to Jan. 13, 1952 , that I last saw the deceased alive on Jan. 13, 1952 , and that death occurred at 7:35 am. , from the causes and on the date stated above.			
23a. SIGNATURE S. B. Rader			(Degree or title) M.D.		23b. ADDRESS Barnes Hospital		23c. DATE SIGNED Jan. 13, '52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/14/1952		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth		24d. LOCATION (City, town, or county) (State) University City, Mo	
DATE REC'D BY LOCAL REG. JAN 14 1952		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson Ave.			

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 Quirio A. Quilburg

Licensed Embalmer No. 4259

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.