

FILED FEB 2 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3137

State File No. \_\_\_\_\_

318

1003

Registrar's No. 0587

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>30 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2069 10	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hosp</b>				d. STREET ADDRESS (If rural, give location) <b>5826a Lotus Ave</b>			
3. NAME OF DECEASED a. (First) <b>RACHEL</b> (Type or Print) <b>Rachael</b>		b. (Middle) <b>(aka MTSKOSKY)</b> <b>Moskowitz</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 18 1952</b>			
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>(Unknown)</b>	9. AGE (In years last birthday) <b>ab. 74</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 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>USSR</b>		12. CITIZEN OF WHAT COUNTRY? <b>Unk</b>	
13a. FATHER'S NAME <b>Meyer Moseson</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah (unk)</b>		14. NAME OF HUSBAND OR WIFE <b>Sam Moskowitz</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Harry Kopolow 5826a Lotus</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Bile Ducts with metastases</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>months</b>     <b>years.</b>	
19a. DATE OF OPERATION <b>12-15-51</b>		19b. MAJOR FINDINGS OF OPERATION <b>Inoperable Carcinoma</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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>155X</b>			
22. I hereby certify that I attended the deceased from <b>Nov. 23, 1951</b> , to <b>Jan. 18, 1952</b> , that I last saw the deceased alive on <b>Jan. 18, 1952</b> , and that death occurred at <b>11:30 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Herbert L. Eisen M.D.</b>		23b. ADDRESS <b>St. Louis, Mo. 216 S. Kingshighway</b>		23c. DATE SIGNED <b>Jan 18, 1952</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>1/20/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hevre Kedisha Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Univ. City Mo.</b>			
DATE REC'D BY LOCAL REG. <b>JAN 21 1952</b>		REGISTRAR'S SIGNATURE <b>Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Berger Memorial 4715 McPherson</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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Quinn P. Anderson*

Licensed Embalmer No. 7339

Signed .....

Student Embalmer

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.