

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9731

State File No. _____
Registrar's No. 2787

FILED APR 12 1952

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1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>16 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>1602 a Clara</u>		<u>2069</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1602a Clara Ave.</u>			d. STREET ADDRESS (If rural, give location) <u>St. Louis</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>NATHAN.</u>		b. (Middle) <u>D.</u>		c. (Last) <u>BRASLOFF</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 24, 1952</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Unk.</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) <u>ab. 53</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale Jobber</u>		11. BIRTHPLACE (State or foreign country) <u>USSR</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>David Brasloff</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Unk.</u>		14. NAME OF HUSBAND OR WIFE <u>Gussie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I</u>		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Gussie Brasloff 1602a Clara</u>	
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>Coronary thrombosis</u> 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. <u>None</u>		
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H2O1</u>	
22. I hereby certify that I attended the deceased from <u>June, 1949</u> , to <u>May, 1951</u> that I last saw the deceased alive on <u>May 21, 1951</u> , and that death occurred at <u>5:00</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Shelvin L. Goodman, MD</u>			23b. ADDRESS <u>634 N. Grand</u>		23c. DATE SIGNED <u>3/24/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>3/25/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chesed shel emeth</u>		24d. LOCATION (City, town, or county) (State) <u>University City Mo.</u>
DATE REC'D BY LOCAL REG. <u>MAR 25 1952</u>		REGISTRAR'S SIGNATURE <u>Charles Smith, MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 4715 McPherson</u>	

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 _____

James A. Anderson
4559

Licensed Embalmer No. _____

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.