

DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14570**
3100
Registrar's No. _____

FILED APR 25 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2129		
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.				d. STREET ADDRESS (If rural, give location) 5567 Pershing				
3. NAME OF DECEASED (Type or Print) MORRIS			a. (First)		b. (Middle)		c. (Last) MEYER	
4. DATE OF DEATH April 1, 1952		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		
8. DATE OF BIRTH Unk.		9. AGE (In years last birthday) Ab 75		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MIN. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prop. service stat			10b. KIND OF BUSINESS OR INDUSTRY Gasoline			11. BIRTHPLACE (State or foreign country) Lithuania		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Nathan Meyer		13b. MOTHER'S MAIDEN NAME Sadie Unk.		14. NAME OF HUSBAND OR WIFE Lena		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Nathan Meyer				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of sigmoid 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. Pneumonia - secondary Arterio sclerotic heart dis				INTERVAL BETWEEN ONSET AND DEATH 8 mo 6 mo 4-5 yrs.		
19a. DATE OF OPERATION July 13, 1952		19b. MAJOR FINDINGS OF OPERATION Carcinoma of sigmoid				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., near about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		153X		
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?				
22. I hereby certify that I attended the deceased from _____, 19 49 , to _____, APRIL 1, 1952 , that I last saw the deceased alive on April 1, 1952 and that death occurred at 5:30 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE Ruby Sel M.D.				23b. ADDRESS 4500 Olive St. St. Louis		23c. DATE SIGNED 4/1/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/3/52		24c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagodol		24d. LOCATION (City, town, or county) (State) Ledue Mo.		
DATE REC'D BY LOCAL REG. APR 2 1952		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial		ADDRESS 4715 Cherson		

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.....

Quirio J. Duderog

Licensed Embalmer No..... *4229*

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.