

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25777

FILED JUL 31 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1002		Registrar's No. 6975	
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 0		c. LENGTH OF STAY (In this place) 45 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1410a Arlington 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.				d. STREET ADDRESS (If rural, give location) 6 St. Louis			
3. NAME OF DECEASED (Type or Print) a. (First) MAX			b. (Middle) _____			c. (Last) FINKELSTEIN	
4. DATE OF DEATH (Month) (Day) (Year) July, 18, 1952		5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	
8. DATE OF BIRTH Unk.		9. AGE (In years last birthday) ab 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser		11. BIRTHPLACE (State or foreign country) USSR 6	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unk. Finkelstein		13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE Jennie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-05-1557		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jennie Finkelstein 1400 Arlington			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exsanguination, Carcinoma right lung; when arteries and vessels ruptured while cancer was being removed. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) at Jewish Hospital July 18 1952 about 1200 hours 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 _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Shop		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 18 52 12:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 163X			
22. I hereby certify that I attended the deceased from 3 , 19 52 , to 1952 , that I last saw the deceased alive on 7/30 , 19 52 , and that death occurred at 1:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Patrick E. Taylor Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7-19-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/20/52		24c. NAME OF CEMETERY OR CREMATORY Cherry Heights		24d. LOCATION (City, town, or county) (State) University City Mo.	
DATE REC'D BY LOCAL REG. JUL 19 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson			

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.....

Edward Ludwig

Signed.....
Student Embalmer

Licensed Embalmer No. *4207*

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.