

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26238

6978

JUL 31 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUISc. LENGTH OF STAY (In this place) 2 DAYSd. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTYc. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louisd. STREET ADDRESS (If rural, give location) 12. 5500 Pershing Ave.

2129

3. NAME OF DECEASED
(Type or Print)

a. (First)

b. (Middle)

c. (Last)

InfantGirlPultman4. DATE OF DEATH (Month) (Day) (Year)
July 19, 1952

5. SEX

Female

6. COLOR OR RACE

White7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

July 17, 19529. AGE (In years last birthday) IF UNDER 1 YEAR Months IF UNDER 1 YEAR Days IF UNDER 1 YEAR Hours Min.
2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Abraham Pultman

13b. MOTHER'S MAIDEN NAME

Benadele Melnick

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

NoneNone

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Abraham Pultman 5500 Pershing Ave.18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PrematurityINTERVAL BETWEEN ONSET AND DEATH
24 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

776X22. I hereby certify that I attended the deceased from July 17, 1952, to July 19, 1952, that I last saw the deceased alive on July 19, 1952, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

M. Schlansky MDSt. Louis Jewish Hospital7/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

Removal7/20/1952Chesed Shel EmethUniversity City, Mo.DATE REC'D BY LOCAL REG.
JUL 20 1952

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

J. Carl Smith MDBerger Memorial 4715 McPherson Ave.

G.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1105

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.....

James J. Quiring
.....
Licensed Embalmer No..... 4289

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.