

THE DIVISION OF HEALTH OF MISSOURI
FILED JUL 24 1952 STANDARD CERTIFICATE OF DEATH

State File No. 26393
Registrar's No. 6506

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6506	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>			
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>2 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>8201 Tulane</u>		d. STREET ADDRESS (If rural, give location) <u>BMW CASITY City 434</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hosp</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>July 6 1952</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAKE</u>		b. (Middle) _____		c. (Last) <u>TABAK</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>		8. DATE OF BIRTH <u>July 15, 1885</u>		9. AGE (In years last birthday) <u>66</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Scrap Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Metal</u>		11. BIRTHPLACE (State or foreign country) <u>Poland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Tabak</u>		13b. MOTHER'S MAIDEN NAME <u>UNK</u>		14. NAME OF HUSBAND OR WIFE <u>EVA</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Morris Tabak 8201 Tulane U. City, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u> DUE TO (c) <u>Diabetes Mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gangrene, rt. foot</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> <u>5 yrs</u> <u>5 yrs</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. HOW DID INJURY OCCUR? <u>260X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>APRIL 16, 1941</u> to <u>JULY 6, 1952</u> , that I last saw the deceased alive on <u>7/6, 1952</u> , and that death occurred at <u>8:40 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Harry Gross</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>634 N. Grand</u>		23c. DATE SIGNED <u>7/6/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7/7/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OLIVEA KADISHA</u>		24d. LOCATION (City, town, or county) (State) <u>UNIVERSITY CITY MO</u>	
DATE REC'D BY LOCAL REG. <u>JUL 7 1952</u>		REGISTRAR'S SIGNATURE <u>J. Calverton MA</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Benj. Belmont 4715 N. Sherman</u>			

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

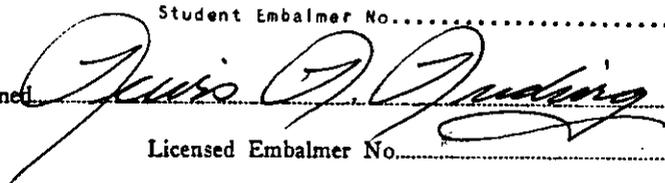
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....



Licensed Embalmer No.....

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.