

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30110**  
Registrar's No. **7933**

FILED SEP 5- 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis 4346</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 0</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>7237 Amherst</b>	
3. NAME OF DECEASED (Type or Print) <b>HARRY TENZER</b> a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>AUGUST 20, 1952</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Feb. 15, 1885</b>
9. AGE (In years last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mfr</b>	11. BIRTHPLACE (State or foreign country) <b>USSR</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mfr</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ladies Apparel</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Morris Tenzer</b>		13b. MOTHER'S MAIDEN NAME <b>Goldie (unk)</b>	14. NAME OF HUSBAND OR WIFE <b>Bluma Tenzer</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>(unk)</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Maury Tenzer 1381 Clara</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>CARCINOMA - RECTO-SIGMOID</b>		<b>1 YR.</b>
ANTECEDENT CAUSES:		<b>WITH LIVER</b>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b)		<b>MYOTOMYOSIS</b>		
DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <b>2/14/51</b>	19b. MAJOR FINDINGS OF OPERATION <b>RECTO-SIGMOID CARCINOMA</b>	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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>154X</b>

22. I hereby certify that I attended the deceased from **2/16**, 19**52**, to **8/20**, 19**52**, that I last saw the deceased alive on **8/20**, 19**52**, and that death occurred at **3<sup>22</sup> A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. C. Middelmann MD</b> (Degree or title)	23b. ADDRESS <b>467 N. Taylor</b>	23c. DATE SIGNED <b>8/20/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>8/21/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth</b>
24d. LOCATION (City, town, or county) (State) <b>U. City, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Berger Memorial 4715 McPherson</b>
DATE REC'D BY LOCAL REG. <b>AUG 21 1952</b>	REGISTRAR'S SIGNATURE <b>J. C. Middelmann MD</b>	

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. Quindia*  
.....  
Licensed Embalmer No. *4829*

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.