

FILED OCT 2 1952

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 500 Registrar's No. 2449

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Airport Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>University,</u>	
c. LENGTH OF STAY (In this place) <u>3 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>7358 Pershing</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEWISH SANATORIUM</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wolf</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Falk</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sep. 21 1952</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Unknown</u>	9. AGE (In years last birthday) <u>Apt. 74</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Repair</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe</u>	11. BIRTHPLACE (State or foreign country) <u>Russia 6</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Dora Falk</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bertha Ganz</u>	ADDRESS <u>7358 Pershing</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>congestive heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>since November 1951</u> <u>about 15 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary arteries sclerosis and repeated myocardial infarctions</u>		
	DUE TO (c) <u>4201</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chronic pulmonary emphysema</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from April 19 1944, to Sept. 21, 1952, that I last saw the deceased alive on Sept. 21, 1952, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Julia Simon</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Jewish Sanatorium, 7358 Pershing Road, Robertson, Mo.</u>	23c. DATE SIGNED <u>9/21/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sep 23-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chevre Kadisha</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, MO</u>
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DATE REC'D BY LOCAL REG. <u>9-22-52</u>	REGISTRAR'S SIGNATURE <u>Herman R. Donke, MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman R. Donke, MO</u>	ADDRESS <u>5216 Delmar</u>
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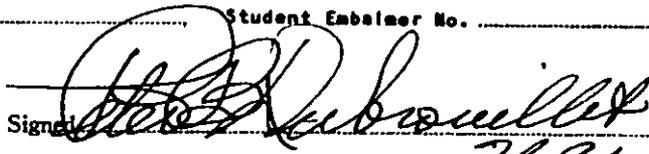
(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed  _____
Student Embalmer No. _____

Licensed Embalmer No. 3691
P. O. Address Richard Neblett M.D.

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.