

No. 300
10-48

STANDARD CERTIFICATE OF DEATH

37056

State File No.

OCT 29 1952

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 531 Registrar's No. 2671

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		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) <u>UNIVERSITY CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>UNIVERSITY CITY MO</u>	
c. LENGTH OF STAY (In this place) <u>7 years</u>		d. STREET ADDRESS (If rural, give location) <u>7726^s GANNON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7726^s GANNON</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EVA</u> b. (Middle) <u>SHAPIRO</u> c. (Last) <u>SHAPIRO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 / 16 / 52</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>unknown</u>		9. AGE (In years last birthday) <u>60</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	11. BIRTHPLACE (State or foreign country) <u>USSR</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Gerster Epster</u>	13b. MOTHER'S MARYEN NAME <u>Esther Malinokoff</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thomas Shapiro 7726^s Gannon</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer one of descending colon</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. <u>Generalized carcinomatous</u>		<u>6 months</u>
	DUE TO (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	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of colon (adenocarcinoma)</u>	153X	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan, 1933, to Oct 15, 1952, that I last saw the deceased alive on Oct 15, 1952, and that death occurred at 2 PM m., from the causes and on the date stated above.

23a. SIGNATURE <u>Isidore J. Feldman M.D.</u> (Degree or title)	23b. ADDRESS <u>674 N. Grand</u>	23c. DATE SIGNED <u>10/16/52</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/17/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Heard Shul Smith</u>	24d. LOCATION (City, town, or county) (State) <u>University City MO</u>
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DATE REC'D BY LOCAL REG. <u>10-16-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donker MA</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Benjamin Memorial 475 The Parkway</u>
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(Licensed Embalmer's Statement on Reverse Side)

531

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

006
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Quinn J. Anderson*
.....
Licensed Embalmer No. *4229*

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.