

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3816****0278**

FILED FEB 11 1953

318**1003**

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIVERSITY CITY 4336</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>780 LELAND</u>	
3. NAME OF DECEASED (Type or Print) <u>ABRAHAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 11, 1953</u>	
a. (First)		b. (Middle) <u>STONE</u>	
c. (Last)		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>	
8. DATE OF BIRTH <u>APRIL 2, 1878</u>		9. AGE (in years last birt day) <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONTRACTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BRICK WORK</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Poland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Sholem Stone</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH SELTZER</u>	
14. NAME OF HUSBAND OR WIFE <u>GOLDIE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>UNK</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sam Stone</u> ADDRESS <u>7501 Cornell</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>Pericardium</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:</u> DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>Gastro-intestinal hemorrhage</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. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>350X</u>		22. I hereby certify that I attended the deceased from <u>Jan 6, 1953</u> , to <u>Jan 11, 1953</u> , that I last saw the deceased alive on <u>Jan 10, 1953</u> , and that death occurred at <u>6:30 a. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Michael M. Ker, M.D.</u>		23b. ADDRESS <u>3729 Washington Blvd.</u>	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>1/12/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gene Kadasha</u>	
24d. LOCATION (City, town, or county) (State) <u>University City</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Memorial - 4715 Madison</u>	
DATE REC'D BY LOCAL REG. <u>JAN 12 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Quis A. Jurdung*

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.