

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH.

22693

State File No.

5920

Registrar's No.

300
48

FILED JUL 15 1953

BIRTH NO.

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 Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) University City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 737 Limit Ave. 2337	
3. NAME OF DECEASED (Type or Print) a. (First) BESSIE		b. (Middle) ALTON	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) June 13, 1953	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH (unknown)
9. AGE (In years last birthday) ab. 68		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (State or foreign country) USSR		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph Fireman		13b. MOTHER'S MAIDEN NAME Ida (UNK)	
14. NAME OF HUSBAND OR WIFE Jacob Alton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Jacob Alton		ADDRESS 737 Limit Ave	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident, left ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebro-Atherosclerosis DUE TO (c) Arteriosclerotic Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Vascular Disease Chronic Bronchitis, Emphysema	
INTERVAL BETWEEN ONSET AND DEATH 5 1/2 weeks		2 years	
years		years	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4200			
22. I hereby certify that I attended the deceased from 1947 to June 13, 1953 , that I last saw the deceased alive on June 13, 1953 , and that death occurred at 6 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Llewellyn Sale, Jr.		23b. ADDRESS M.D. 4500 Olive ST.	
23c. DATE SIGNED 6-13-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 6/15/53	
24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth		24d. LOCATION (City, town, or county) (State) Univ. City, Mo.	
DATE REC'D BY LOCAL REG. JUN 15 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial		ADDRESS 4715 McPherson	

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

James P. Judson
Licensed Embalmer No. 4229

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.