

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37049

FILED NOV 6 - 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9919**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE.</b> (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b>		b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>University City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>21 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>6405 North Drive</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>St. Louis State Hospital</b>					

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>HILDA</b>	b. (Middle) <b>BRAZLER</b>	c. (Last)	<b>Oct. 16, 1953.</b>		

<b>5. SEX</b> <b>Female</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>		<b>8. DATE OF BIRTH</b> <b>April 1907</b>		<b>9. AGE (In years last birthday)</b> <b>46</b>		<b>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</b> <b>At Home</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Housewife</b>		<b>11. BIRTHPLACE (City and State or Foreign Country)</b> <b>Russia</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
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<b>13a. FATHER'S NAME</b> <b>Sol Levin</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Yetta Priwar</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>Fred Brazler</b>		
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Sara Seligman</b>				<b>ADDRESS</b> <b>5820a Terry Ave.</b>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*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>		<b>MEDICAL CERTIFICATION</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>Cholecystectomy, choledochotomy, and cholelithiasis-Post operative Duodenal fistula &amp; malnutrition</b>						<b>1 mo.</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>Chronic cholecystitis &amp; choledocholithiasis</b>							
		DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.							

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Chronic cholecystitis &amp; choledocholithiasis</b>				<b>9/23/53</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b>		<b>(COUNTY)</b>		<b>(STATE)</b>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>584X</b>					
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**22. I hereby certify that I attended the deceased from Aug. 15, 1953, to Oct. 16, 1953, that I last saw the deceased alive on Oct. 16, 1953, and that death occurred at 9:30 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Philip A. Riley M.D.</b>			<b>23b. ADDRESS</b> <b>5400 Arsenal</b>			<b>23c. DATE SIGNED</b> <b>10/7/53</b>		
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>		<b>24b. DATE</b> <b>10/18/1953</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Ghevara Kadisha</b>		<b>24d. LOCATION (City, town, or county) (State)</b> <b>University City, Mo.</b>			
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<b>DATE REC'D BY LOCAL REG.</b> <b>OCT 19 1953</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Charles Smith M.D.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Berger Memorial</b>						<b>ADDRESS</b> <b>4715 McPherson Ave.</b>	
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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  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 4

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.