

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37592

FILED NOV 6 - 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9624**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN University City 1366	
c. LENGTH OF STAY (in this place) 5 wks		d. STREET ADDRESS (If rural, give location) 8320 Archer	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) SADIE	b. (Middle) TAUBMAN	c. (Last) SHAPIRO	Oct. 7, 1953			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Div.	8. DATE OF BIRTH Oct. 5, 1895	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) USSR		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Hyman Pessin		13b. MOTHER'S MAIDEN NAME Harriet (unk)		14. NAME OF HUSBAND OR WIFE (unknown)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 88-18-3338		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. L. Goldberg 8320 Archer	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH about 3 wks.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary atherosclerosis		DUE TO (b) Primary stenotic atherosclerosis				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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			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? 1999	

22. I hereby certify that I attended the deceased from **1948**, to **10/7**, 19**53**, that I last saw the deceased alive on **10/7**, 19**53**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lawrence M. Kottan M.D.		23b. ADDRESS 4409 W. Olive		23c. DATE SIGNED 10/8/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 10/9/53		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. OCT 8 1953		REGISTRAR'S SIGNATURE Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

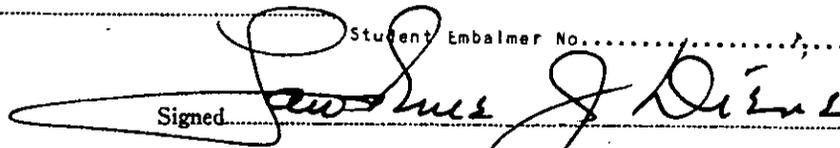
JAN 20 1954

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.

Signed.....
Student Embalmer

Signed  Student Embalmer No.

Licensed Embalmer No. 3988

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.