

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6950**

BIRTH NO. **37157-54** FILED MAR 8 1954 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1687**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		e. STREET ADDRESS (If rural, give location) 23 2413a S. Broadway 223 1/2	
3. NAME OF DECEASED (Type or Print) a. (First) JANET b. (Middle) V. c. (Last) WASEM		4. DATE OF DEATH (Month) (Day) (Year) Feb. 19 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Feb. 19, 1954
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 0 Days 0 Hours 9 Min.
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. COUNTRY OF WHAT COUNTRY? 0	
13a. FATHER'S NAME Albert Wasem		13b. MOTHER'S MAIDEN NAME Virginia Otts	
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. None	
17. INFORMANT'S SIGNATURE AND NAME ADDRESS Albert Wasem 2413a S. Broadway			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atelectasis, Congenital			
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? 7625	

22. I hereby certify that I attended the deceased from 2/19, 1954, to 2/19, 1954, that I last saw the deceased alive on 2/19, 1954, and that death occurred at 11 P. M., from the causes and on the date stated above.

23a. SIGNATURE Bernard Schwartzman, MD		23b. ADDRESS 4652 Maryland		23c. DATE SIGNED 2/20/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 22, 1954		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.			

DATE RECD BY LOCAL REGISTRAR'S SIGNATURE FEB 23 1954		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.	
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(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.....
Signature of Student Embalmer

Signed *[Handwritten Signature]*
Licensed Embalmer No. *453*
P. O. Address *Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.