

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14211**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **34111**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word		e. STREET ADDRESS (If rural, give location) 23 1000 Geyer Ave	
3. NAME OF DECEASED (Type or Print) a. (First) Esther b. (Middle) Hahn c. (Last) Vidafsky		4. DATE OF DEATH (Month) (Day) (Year) 4-14-1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-6-1895
9. AGE (In years last birthday) 58		10. IF UNDER 1 YEAR Months Days	11. IF UNDER 4 HRS. 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	11. BIRTHPLACE (City and State or Foreign Country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Robert Bradshaw	
13b. MOTHER'S MAIDEN NAME Esther K. Murphy		14. NAME OF HUSBAND OR WIFE Sam Vidafsky	
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. 497-01-3313	
17. INFORMANT'S SIGNATURE OR NAME <i>Sam Vidafsky</i>		ADDRESS 1000 Geyer 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Serology + for typhoid chronic	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 490X	
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			
22. I hereby certify that I attended the deceased from 7:6 PM , to 7:17 , PM , that I last saw the deceased alive on 4-14 , 1954 , and that death occurred at 9:15 PM , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Custave Dahms M.D.</i>		23b. ADDRESS 1752 So Grand	
23c. DATE SIGNED 4-16-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 4-17-1954		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	
24d. LOCATION (City, town, or county) (State) 7901 Gravois Ave Mo		DATE REC'D BY LOCAL REG. APR 16 1954	
REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Biegenheim Bros</i>	
ADDRESS 6409 Gravois Ave		(Licensed Embalmer's Statement on Reverse Side)	

No. 300

10. 48

PR 1-2200 12 to 4
WRITE PLAINLY—USING UNFAADING 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.....
Lawson Simon

Licensed Embalmer No. *4345*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.