

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17301**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4264**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	c. LENGTH OF STAY (In this place) <b>2 days</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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Faith Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>726 Limit</b>	

3. NAME OF DECEASED (Type or Print)		a. (First) <b>HARRY</b>		b. (Middle)		c. (Last) <b>SHOSS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 9, 1954</b>	
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Wid.</b>	8. DATE OF BIRTH <b>unk.</b>	9. AGE (In years) <b>48 80</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cooper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Barrel Manuf.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Roumania</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME -----		13b. MOTHER'S MAIDEN NAME -----		14. NAME OF HUSBAND OR WIFE <b>Yetta</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unk.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>L.A. Shoss</b>		ADDRESS <b>425 West Point Ct.</b>	
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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)	<b>Arteriosclerotic Cardio-vascular disease</b>			<b>5 days</b>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	DUE TO (b)	DUE TO (c)	
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
	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"/>	
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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)
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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? <b>4527</b>
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22. I hereby certify that I attended the deceased from **49**, 19 **May 9**, 19 **54**, that I last saw the deceased alive on **May 9**, 19 **54** and that death occurred at **8P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. Clark</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>601 Humboldt Bldg</b>	23c. DATE SIGNED <b>5/10/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem</b>	24b. DATE <b>5/11/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth</b>	24d. LOCATION (City, town, or county) (State) <b>University City Mo.</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAY 11 1954</b> <b>Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Berger Memorial 4815 McPherson</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 embalmed by me, or by ..... Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed  .....  
Licensed Embalmer No. 422

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