

FILED AUG 2 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. 24200
6935

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	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 St. Louis State Hospital		e. STREET ADDRESS (If rural, give location) 5400 Arsenal Street	

3. NAME OF DECEASED (Type or Print) a. (First) Max		b. (Middle)		c. (Last) Alfend		4. DATE OF DEATH (Month) (Day) (Year) 7/26/1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 16, 1896		9. AGE (In years last birthday) 58	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Clothing retail		11. BIRTHPLACE (City and State or Foreign Country) RUSSIA		12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME Jacob Alfend		13b. MOTHER'S MAIDEN NAME Dorothy Barack		14. NAME OF HUSBAND OR WIFE Eva Alfend	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No		16. SOCIAL SECURITY NO. (unk)		17. INFORMANT'S SIGNATURE OR NAME Mrs. E. Alfend	
				ADDRESS 746 W. Canterbury	

18. CAUSE OF DEATH. 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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterial occlusion lower extremities, bilateral</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>10 yrs.</u>
	ANTECEDENT CAUSES <i>Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Generalized arteriosclerosis</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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? <u>4500</u>	

22. I hereby certify that I attended the deceased from 9-1-52, 19 , to 7-26-, 1954, that I last saw the deceased alive on 7-26-54, 19 , and that death occurred at 3:00 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		(Degree or title)		23b. ADDRESS 5400 Arsenal Street		23c. DATE SIGNED 7-26-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 7/28/54		24c. NAME OF CEMETERY OR CREMATORY Beth Ham Hag		24d. LOCATION (City, town, or county) (State) Ladue, Missouri	

DATE REC'D BY LOCAL REG. Jul 27 1954		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial		ADDRESS 4715 McPherson	
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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 ,
Licensed Embalmer No.

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.**