

No. 300
10-48

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31779**
Registrar's No. **8029**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN **St. Louis, Missouri**
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **BARNES HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Illinois** b. COUNTY **St. Clair**
c. CITY OR TOWN **E. St. Louis**
d. Is Residence within limits of a city or incorporated town? Yes No
STREET ADDRESS (If rural, give location) **408 Collinsville Avenue**

3. NAME OF DECEASED
(Type or Print) a. (First) **ABRAHAM** b. (Middle) **MMN** c. (Last) **FISHBEIN**
4. DATE OF DEATH (Month) (Day) (Year) **August 30, 1954**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** **Married**
8. DATE OF BIRTH **Unknown** **9. AGE** (In years last birthday) **Ab. 79**
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) **Baker**
10b. KIND OF BUSINESS OR INDUSTRY **Bakery**
11. BIRTHPLACE (City and State or Foreign Country) **Poland**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Unknown** **13b. MOTHER'S MAIDEN NAME** **Unknown** **14. NAME OF HUSBAND OR WIFE** **Rose Fishbein**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **None**
16. SOCIAL SECURITY NO. **Unknown** **17. INFORMANT'S SIGNATURE OR NAME** **Rose Fishbein** **ADDRESS** **408 Collinsville Ave.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of the stomach**
INTERVAL BETWEEN ONSET AND DEATH **abt. 2 yrs.**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
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 NO

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 NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from **8-12**, 19 **54**, to **8-30**, 19 **54**, that I last saw the deceased alive on **8-30**, 19 **54**, and that death occurred at **6:00 am.**, from the causes and on the date stated above. **151X**

23a. SIGNATURE *C. P. Vermillion, M.D.* (Degree or title) **23b. ADDRESS** **BARNES HOSPITAL** **23c. DATE SIGNED** **8-30-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** **24b. DATE** **9/1/1954** **24c. NAME OF CEMETERY OR CREMATORY** **Chesed Shel Emeth** **24d. LOCATION** (City, town, or county) (State) **University City, Mo.**

DATE REC'D BY LOCAL **AUG 31 1954** **REGISTRAR'S SIGNATURE** *J. Earl Smith, M.D.* **25. FUNERAL DIRECTOR'S SIGNATURE** **Berger Memorial** **ADDRESS** **4715 McPherson Ave.**

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 *Quiro P. Quindara*

Licensed Embalmer No. *4287*

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.