

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35192**  
Registrar's No. **8560**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b>		b. COUNTY <b>S. Clair</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>54 yrs</b>	c. CITY OR TOWN <b>E. St. Louis</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>Jewish Orth. Old Folks H.</b>		e. STREET ADDRESS (If rural, give location) <b>625 N. 25th</b>		<b>9/20/54</b>

3. NAME OF DECEASED (Type or Print) <b>BECKTIN</b>	a. (First)	b. (Middle)	c. (Last) <b>BUCHMAN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 17, 1954</b>
5. SEX <b>Female</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 last birthday) <b>ab. 93</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>USSR</b>	12. CITIZEN OF WHAT COUNTRY? <b>USSR</b>

13a. FATHER'S NAME <b>Deutch</b>	13b. MOTHER'S MAIDEN NAME <b>--</b>	14. NAME OF HUSBAND OR WIFE <b>Jos.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ralph Kanefield</b>
		ADDRESS <b>7025 Amberley</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Shock &amp; Peripheral Vascular Failure</b>	ANTECEDENT CAUSES (b) <b>(1) Fracture Left Humerus (2) Fracture Left Colla</b>		} 2 days
(c) <b>A Fall Causing above injury</b>	DUE TO (c) <b>1. Arteriosclerosis, generalized 2. Senility 3. Pulmonary Fibrosis</b>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		<b>many years</b>

19a. DATE OF OPERATION <b>9/16/54</b>	19b. MAJOR FINDINGS OF OPERATION <b>Cast applied to left upper extremity</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>E9037</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>9/16/54 11A.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>fall off table 4 ft while receiving Zofran red to back</b>

22. I hereby certify that I attended the deceased from **3/23, 1954**, to **9/17, 1954**, that I last saw the deceased alive on **9/17, 1954**, and that death occurred at **10:35 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Roy Greenbaum M.D.</b>	23b. ADDRESS <b>4652 Maryland</b>	23c. DATE SIGNED <b>9/17/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem.</b>	24b. DATE <b>9/20/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth</b>
		24d. LOCATION (City, town, or county) (State) <b>University City Mo.</b>

DATE REC'D BY LOCAL REG. <b>SEP 20 1954</b>	REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial</b>	ADDRESS <b>4715 McPhers.</b>
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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 *Lawrence J. Quinn* .....

Licensed Embalmer No. *398* .....

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.