

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 10 1955

6003
State File No. 1700
Registrar's No.

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)	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		a. STATE Mo.	b. COUNTY St. Louis
c. LENGTH OF STAY (in this place) 6 days		c. CITY OR TOWN University City	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 717 Syracuse	

3. NAME OF DECEASED (Type or Print)	a. (First) HYMEN	b. (Middle) BLOCK	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Feb 22 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH Mar 14 1882	9. AGE (In years last birthday) Months Days 72	10. UNDER 14 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millinery Oper.	10b. KIND OF BUSINESS OR INDUSTRY Manf.	11. BIRTHPLACE (City and State or Foreign Country) Lithuania	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ma y Block	13b. MOTHER'S MAIDEN NAME Pauline	14. NAME OF HUSBAND OR WIFE Rae
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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) No	16. SOCIAL SECURITY NO. 492-10-5320	17. INFORMANT'S SIGNATURE OR NAME Harry Block	ADDRESS 7340 Tulane
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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, asphyxia, etc. *If means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CORONARY THROMBOSIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last in order. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Generalized Arteriosclerosis		
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 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.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 4:20 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200
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22. I hereby certify that I attended the deceased from 12-29, 1953, to 2-27, 1955, that I last saw the deceased alive on 2-24, 1955, and that death occurred at 7:40 p.m., from the causes and on the date stated above.

22. SIGNATURE C. J. Berger	(Degree or title) M.D.	23b. ADDRESS 639 N. Grand	23c. DATE SIGNED 2-22-55
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24. BURIAL, CREMATION, REMOVAL (Specify) Rem.	24a. DATE 2/24/55	24b. NAME OF CEMETERY OR CREMATORY Benevolent	24c. LOCATION (City, town, or county) (State) University City Mo.
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DATE REC'D BY LOCAL REG. FEB 23 1955	REGISTRAR'S SIGNATURE C. J. Berger	25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial	ADDRESS 4715 McPherson
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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 .....
Licensed Embalmer No. 433

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.**