

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13197

FILED APR 28 1955

318

1003

State File No. 3513  
Registrar's No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 3513		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 220 N. Kingshighway				e. STREET ADDRESS (If rural, give location) 12 220 N. Kingshighway 2129					
3. NAME OF DECEASED (Type or Print) a. (First) DAVID		b. (Middle) _____		c. (Last) CHARAK		4. DATE OF DEATH (Month) (Day) (Year) Apr. 19, 1955			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH Nov. 20, 1884		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 30	IF UNDER 60 MINS. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Executive-Federal			10b. KIND OF BUSINESS OR INDUSTRY Paperstock Co.		11. BIRTHPLACE (City and State or Foreign Country) Boston			12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Rose Charak			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose Charak-220 N. Kingshighway				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HT. DISEASE						2 YRS	
		ANTECEDENT CAUSES							
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) ARTERIOSCLEROSIS, GEN.						8 YRS.	
		DUE TO (c) DIABETES MELLITUS						8 YRS.	
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.						DUODENAL ULCER	
								6 YRS	
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? 260X					
22. I hereby certify that I attended the deceased from 5/18, 1948, to 4/19, 1955, that I last saw the deceased alive on 4/19, 1955, and that death occurred at 10:30 p.m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Herman Rindskopf</i> (Degree or title) MD				23b. ADDRESS 634 N. GRAND				23c. DATE SIGNED 4/19/55	
24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE 4/21/55		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. APR 19 1955		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rindskopf, Inc., 5216 Delmar				

**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.