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13897

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
3772  
Registrar's No. ....

FILED MAY 13 1955

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>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>5 days</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>Kewish Hos p.</b>		e. STREET ADDRESS (If rural, give location) <b>541 Rosedale</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Becky</b> b. (Middle) <b>(AKA REBECCA)</b> c. (Last) <b>Sigan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 27 55</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Marr.</b>	8. DATE OF BIRTH <b>Unknown</b>
9. AGE (In years last birthday) <b>about 71</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>USSR</b>
11. BIRTHPLACE	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	13. NAME OF HUSBAND OR WIFE <b>Morris</b>	
13a. FATHER'S NAME <b>Harry Reitman</b>		13b. MOTHER'S MAIDEN NAME <b>Judith --</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Morris Sigam</b>		ADDRESS <b>541 Rosedale</b>	

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. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Separation of myocardium due to arteriosclerotic coronary thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>no</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
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.) <b>Street</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo.</b>
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Apr 26 1955</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4201</b>

22. I hereby certify that I attended the deceased from **March 27, 1955** to **Apr 27, 1955**, that I last saw the deceased alive on **Apr 26, 1955**, and that death occurred at **10:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Stanley W. Wald</b>	23b. ADDRESS <b>Journal Hospital</b>	23c. DATE SIGNED <b>4/27/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem.</b>	24b. DATE <b>4.28/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emet</b>
24d. LOCATION (City, town, or county) (State) <b>University City Mo.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial 4715 McPherson</b>	
DATE REC'D BY LOCAL REG. <b>APR 28 1955</b>	REGISTRAR'S SIGNATURE <b>Charles Smith</b>	ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

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**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. DeL...*

Licensed Embalmer No. .... 398

P. O. Address .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.**