

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14274

State File No.

FILED MAY 12 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 990

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Koch</u>	c. LENGTH OF STAY (In this place) <u>4 wks.</u>	c. CITY OR TOWN <u>Robertson</u> ¹⁰ ST. LOUIS	4. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Jewish Sanatorium, Fee Fee Road</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jake</u> b. (Middle) <u>(AKA Jacob)</u> c. (Last) <u>ALTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 29 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>1-16-1878</u>
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cabinet Maker</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Manf.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>David Alton</u>	13b. MOTHER'S MAIDEN NAME <u>Anna ?</u>	14. NAME OF HUSBAND OR WIFE <u>Rebecca Farben</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY YES--? NO. <u>NO.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>David Alton 7486 Drexel Dr.</u> ADDRESS _____

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis Due To Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
	ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Pulmonary Tuberculosis 22 years</u>		

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) <u>332x A</u>
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? _____

22. I hereby certify that I attended the deceased from Feb 21, 1955, to April 29 1955, that I last saw the deceased alive on April 29, 1955, and that death occurred at 8:40a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Elias D. Lipsitz, M.D.</u> (Degree or title)	23b. ADDRESS <u>Robert Koch Hospital, Koch, Mo.</u>	23c. DATE SIGNED <u>4/29/55</u>
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Bur.</u>	24b. DATE <u>5/1/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>	24d. LOCATION (City, town, or county) (State) <u>University City, Mo.</u>
---	-------------------------	---	---

DATE REC'D BY LOCAL REG. <u>4/30/55</u>	REGISTRAR'S SIGNATURE <u>Herby R. Dymke, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial</u> ADDRESS <u>4715 McPherson</u>
---	---	---

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 *Sawyer J. Quinn*.....

Licensed Embalmer No. *3988*.....

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.