

FILED APR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14286

BIRTH NO.		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>500</u>	Registrar's No. <u>797</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis (St. Louis)</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural: Airport Township</u>		c. LENGTH OF STAY (in this place) <u>7 1/2 years</u>		c. CITY OR TOWN <u>University City</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Jewish Sanatorium</u>		e. STREET ADDRESS (If rural, give location) <u>1522 79th St.</u>		
3. NAME OF DECEASED (Type or Print) <u>BECKIE</u>		a. (First)	b. (Middle)	c. (Last) <u>BURACK</u>
4. DATE OF DEATH <u>April 6, 1955</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid.</u>	8. DATE OF BIRTH <u>ab 1883</u>	9. AGE (In years last birthday) <u>ab 72</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>USSR</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Ben Schneider</u>		13b. MOTHER'S MAIDEN NAME <u>--- LUK</u>	14. NAME OF HUSBAND OR WIFE <u>Hyman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bernard Burack</u> ADDRESS <u>1522 79th</u>	
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) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic arteriosclerosis</u> 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 <u>years</u> <u>1</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>4200</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 <u>Sept. 4, 1953</u> , to <u>April 6, 1955</u> , that I last saw the deceased alive on <u>April 5, 1955</u> , and that death occurred at <u>1:35 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Irving H. Steinhilber, M.D.</u>		23b. ADDRESS <u>462 No Taylor</u>	23c. DATE SIGNED <u>4/6/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Bur.</u>	24b. DATE <u>4/10/55</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>4/7/55</u>	REGISTRAR'S SIGNATURE <u>Hecheol R. Somberg</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 4715 MCBpherson</u>		

(Licensed Embalmer's Statement on Reverse Side)

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. Deier

Licensed Embalmer No. 394

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.**