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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17371

State File No. ....

FILED JUN 7 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1218

1. PLACE OF DEATH  
a. COUNTY St. Louis, Mo  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write R.U.R. and give township) Rural: Annapolis Township, Mo c. LENGTH OF STAY (In hospital or institution) \_\_\_\_\_  
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION: Jewish Sanatorium  
e. STREET ADDRESS (If rural, give location) 3930a Kennerly 2119

3. NAME OF DECEASED (Type or Print)  
a. (First) MOSES b. (Middle) S c. (Last) CHARTSIS  
4. DATE OF DEATH (Month) (Day) (Year) MAY 28 1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid. 8. DATE OF BIRTH August 24, 1875 9. AGE (In years less birthday) 79 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant  
10b. KIND OF BUSINESS OR INDUSTRY Dry Gdn.  
11. BIRTHPLACE (City and State or Foreign Country) USSR  
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME UNK. 13b. MOTHER'S MAIDEN NAME UNK. 14. NAME OF HUSBAND OR WIFE Tillie Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) \_\_\_\_\_  
16. SOCIAL SECURITY NO. Unk  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Julius Shartsis 2963 N. Verdugo Rd. L.A.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary occlusion  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES (b) Mitralitic carcinoma  
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.)  
INTERVAL BETWEEN ONSET AND DEATH 4 days  
years

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) (Min.) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from May 5, 1953, to May 28, 1953, that I last saw the deceased alive on May 18, 1953, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank H. Heiberger, M.D. 23b. ADDRESS 462 No. Taylor 23c. DATE SIGNED 5/29/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Bur. 24b. DATE 5/31/55 24c. NAME OF CEMETERY OR CREMATORY Chevra Kadisha 24d. LOCATION (City, town, or county) (State) University City Mo.

DATE REC'D BY LOCAL REG. 5/30/55 REGISTRAR'S SIGNATURE Herbert B. Donke, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson

(Licensed Embalmer's Statement on Reverse Side)

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. 422.....

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.