No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 10 1955

State File No. 24890

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1690

1. PLACE OF DEATH
a. COUNTY St. Louis, Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Bayard Township
c. LENGTH OF STAY (In this place) 9 mths

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 2069 1332a Bayard

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jewish Sanatorium

3. NAME OF DECEASED (Type or Print)
a. (First) ABE b. (Middle) (AKA ABRAHAM) c. (Last) MYERS

4. DATE OF DEATH (Month) July (Day) 24 (Year) 1955

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.

8. DATE OF BIRTH Aug. 15, 1885

9. AGE (In years last birthday) 69 | If under 1 year: Months | Days | Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter

10b. KIND OF BUSINESS OR INDUSTRY Resturant

11. BIRTHPLACE (City and State or Foreign Country) USSR

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jacob Myers

13b. MOTHER'S MAIDEN NAME Doris--Unk

14. NAME OF HUSBAND OR WIFE Sarah Myers

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. 493-07-3397

17. INFORMANT'S SIGNATURE OR NAME Mrs Lillian Pogrelsky **ADDRESS** 6649 Berthold

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Aortic stenosis — 9 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4261

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) m.

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* 1/29/A, 1955, *to* 7/23, 1955, *that I last saw the deceased alive on* 7/23, 1955, *and that death occurred at* 12 10 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Sydney B. Meathis MD

23b. ADDRESS 4652 Maryland

23c. DATE SIGNED July 24/1955

24a. BURIAL, CREMATION, REMOVAL (Specify) Bur.

24b. DATE 7/24/55

24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth

24d. LOCATION (City, town, or county) University City (State) Mo.

DATE REC'D BY LOCAL REG. 7/24/55

REGISTRAR'S SIGNATURE Herbert R. Domke, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial **ADDRESS** 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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4S.6.

P. O. Address.....

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