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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 10 1955

State File No. 24913

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1712

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo</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 township) OR TOWN <u>Ward: Airport Township</u>		c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Jewish Sanatorium</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAM</u> b. (Middle) <u>(AKA) SAMUEL</u> c. (Last) <u>SMOLEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 26 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARR</u>	8. DATE OF BIRTH <u>Unk.</u>
9. AGE (In years last birthday) <u>ab 69</u>		10. DATE OF BIRTH <u>Unk.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine rep.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>repair shop</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>UNK.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Unk.</u>	
13a. FATHER'S NAME <u>--- UNK. Smolens</u>		13b. MOTHER'S MAIDEN NAME <u>Unk.</u>	
14. NAME OF HUSBAND OR WIFE <u>Rose</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>Unk.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rose Smolens 1238a Blackstone</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of Sigmoid</u> INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>153x</u>	
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) _____	
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 <u>5/18</u> , 19 <u>55</u> , to <u>7/26</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7/16</u> , 19 <u>55</u> , and that death occurred at <u>9:20 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>May W. Sealey M.D.</u>		23b. ADDRESS <u>462 No. Taylor</u>	
23c. DATE SIGNED <u>7/26/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Bur.</u>	
24b. DATE <u>7/27/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chebra Kadisha</u>	
24d. LOCATION (City, town, or county) (State) <u>University City, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 4715 McPherson</u>	
DATE REC'D BY LOCAL REG. <u>7/27/55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke, M.D.</u>	

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. 398

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.