

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28518

FILED AUG 29 1955

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1890</u>	
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 <u>St. Louis</u>			
b. CITY (If outside corporate limits, write R.U.R. and give township) OR TOWN <u>Rural: Airport Township, Mo</u>		c. LENGTH OF STAY (in this state) <u>6 DAYS</u>		c. CITY OR TOWN <u>University City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Jewish Sanatorium</u>				• STREET ADDRESS (If rural, give location) <u>708 Interdrive</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LIBBY</u> b. (Middle) <u>BOURD</u> c. (Last) <u>BOURD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 11 1955</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Wid.</u>		8. DATE OF BIRTH <u>Unk.</u>	
9. AGE (In years last birthday) <u>ab 78</u>		10a. USUAL OCCUPATION (Give kind of work and duration 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>Mordecai Polonsky</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Unk.</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify 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 ADDRESS <u>Mrs. Anna Inger 708 Interdrive</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>Carcinoma of intestine with metastasis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>153x</u>				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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		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>8/6 1955</u> to <u>8/11 1955</u> , that I last saw the deceased alive on <u>8/11 1955</u> , and that death occurred at <u>8:07 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Andrew B. Meather M.D.</u>				23b. ADDRESS <u>4652 Maryland</u>		23c. DATE SIGNED <u>Aug. 12, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Bur.</u>		24b. DATE <u>8/14/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>C. esed Shel Emeth</u>		24d. LOCATION (City, town, or county) (State) <u>University City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8/14/55</u>		REGISTRAR'S SIGNATURE <u>Rebecka D. Lombardi</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 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.....
Licensed Embalmer No. 425

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.