

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15011

State File No. _____

FILED APR 27 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 944

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</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"/>
c. LENGTH OF STAY (in this place) <u>5 years</u>		c. CITY OR TOWN <u>University City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>825 Leland Ave.</u>		• STREET ADDRESS (If rural, give location) <u>825 Leland Ave.</u>	

3. NAME OF DECEASED (Type or Print) <u>Morris</u>	a. (First)	b. (Middle)	c. (Last) <u>Wax</u>	4. DATE OF DEATH <u>April 8, 1956</u>	(Month) (Day) (Year)
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Unk.</u>	9. AGE (in years last birthday) <u>Abt. 71</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 2 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Merchandise</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Samuel Wax</u>	13b. MOTHER'S MAIDEN NAME <u>Bessie Eisenberg</u>	14. NAME OF HUSBAND OR WIFE <u>Rose Edlin Wax</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unk.</u>	16. SOCIAL SECURITY NO. <u>Unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rose E. Wax</u>	ADDRESS <u>825 Leland Ave.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Lung</u>		
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid 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. <u>Art. scl. C-V. Disease</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from about 10/43, to 4/8, 1956, that I last saw the deceased alive on 4/7, 1956, and that death occurred at 2:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur E. Strauss</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>539 N. Grand</u>	23c. DATE SIGNED <u>4/8/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/10/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4.9.56</u>	REGISTRAR'S SIGNATURE <u>Heber K. Lamb</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman Rindskopf Inc.</u>	ADDRESS <u>5216 Delmar Bl.</u>
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(Licensed Embalmer - Agreement 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 *[Signature]*

Licensed Embalmer No. *369*

P. O. Address *St Louis*

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.