

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22137**
Registrar's No. **5312**

FILED JUN 18 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 5 days		c. CITY OR TOWN University City d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		e. STREET ADDRESS (If rural, give location) 834a Pennsylvania				
3. NAME OF DECEASED a. (First) BESSIE b. (Middle) c. (Last) SOLINSKY			4. DATE OF DEATH (Month) (Day) (Year) June 2, 1956			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	8. DATE OF BIRTH Dec. 15, 1880	9. AGE (in years last birthday) 75	# UNDER 1 YEAR Days # UNDER 100 Hrs. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) USSR		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Abbe Powell		13b. MOTHER'S MAIDEN NAME Unk.		
14. NAME OF HUSBAND OR WIFE Israel Solinsky		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		
17. INFORMANT'S SIGNATURE OR NAME Israel Solinsky		ADDRESS 834a Pennsylvania				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease 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. 420.0			INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" 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)		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 1-25, 1954 , to 6-2, 1956 , that I last saw the deceased alive on 6-2, 1956 , and that death occurred at 9:15 A.M. , from the causes and on the date stated above. 6-2-56						
23a. SIGNATURE Edw. J. Berger (Degree or title) Edward J. Berger M.D. M.D.			23b. ADDRESS 457 N. Kingshighway 457N-KINGSHIGHWAY		23c. DATE SIGNED 6-2-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/3/56		24c. NAME OF CEMETERY OR CREMATORY Closed Shel Emeth		
24d. LOCATION (City, town, or county) (State) Univ. City Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 Mc Pherson				
DATE REC'D BY LOCAL REG. JUN 4 1956		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 Mc Pherson		

Autopsy showed no evidence of coronary artery disease in the H.D. (by Guelby)

WRITE PLAINLY—USING UNFADEING 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..... *Lawrence J. Dilworth*

Licensed Embalmer No. *3988*

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.