

FILED JUL 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25633

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1668

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 _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Airport Township</u>	c. LENGTH OF STAY (In this place) <u>8 mos.</u>	c. CITY OR TOWN <u>St. Louis</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 HOSPITAL OR INSTITUTION <u>Jewish Sanatorium</u>		e. STREET ADDRESS (If rural, give location) <u>1326 Glasgow Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) _____ c. (Last) <u>Scissors</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 9, 1956</u>		
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>Unknown</u>	9. AGE (In years last birthday) <u>Abt. 64</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Meyer Scissors</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Moskowitz</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Bluestone Scissors</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. D. Scissors-1326 Glasgow Avenue</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>  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 _____		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>  20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION _____		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) <u>4200</u>	
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 6-29, 1956, to 7-9, 1956, that I last saw the deceased alive on 7-8, 1956, and that death occurred at 6:20A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank W. Fairley</u>	23b. ADDRESS <u>462 No Taylor</u>	23c. DATE SIGNED <u>7/9/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/10/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-9-56</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donohue MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman Rindskopf, Inc., 5216 Delmar Bl</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

MS  
OCT 10 1960

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 *Peter B. Kukulick*

Licensed Embalmer No... *249*

P. O. Address *St. Louis, Mo.*

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.