

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 3 1956

State File No. **31992**
Registrar's No. **8292**

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

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

8292

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri 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) 1 day	c. CITY OR TOWN 4376 University/City
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		e. STREET ADDRESS (If rural, give location) 7537 Shaftsbury	
3. NAME OF DECEASED (Type or Print) a. (First) Ben b. (Middle) c. (Last) De Woskin		4. DATE OF DEATH (Month) (Day) (Year) Sept. 6, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 2, 1893
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 14 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Retail Grocer	11. BIRTHPLACE (City and State or Foreign Country) Russia
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Naphtali DeWoskin	
13b. MOTHER'S MAIDEN NAME Zelda Udovitz		14. NAME OF HUSBAND OR WIFE Rose	
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 Rose DeWoskin		ADDRESS 7537 Shaftsbury	
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) VALVULAR HEART DISEASE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) RHEUMATIC HEART DIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS DUODENAL ULCER Conditions contributing to the death but not related to the disease or condition causing death. EXTRINSIC ASTHMA	
INTERVAL BETWEEN ONSET AND DEATH ? YEARS		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/4 x	
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) (Minute)	
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 10/13 1956 to 9/6 1956 , that I last saw the deceased alive on 9/6 1956 , and that death occurred at 9:42 p.m. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) David Feldman, M.D.		23b. ADDRESS 539 N. Grand	
23c. DATE SIGNED 9/7/56		24. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 9/8/1956		24c. NAME OF CEMETERY OR CREMATORY Beth Ham Hag	
24d. LOCATION (City, town, or county) (State) Ladue, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial	
DATE REC'D BY LOCAL REG. SEP 7 1956		REGISTRAR'S SIGNATURE Carl Smith MD	
25. ADDRESS 4715 McPherson Ave.		26. (Licensed Embalmer's Statement 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 *George J. Deane*.....
Licensed Embalmer No. *3980*.....

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.