

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32797**  
Registrar's No. **2127**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Robertson Township</b>		c. LENGTH OF STAY (in this place) <b>2 mths</b>	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Sanatorium</b>			
e. STREET ADDRESS <b>1458 Shawmut</b>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MAX</b> b. (Middle) _____ c. (Last) <b>SPERLING</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 10, 1956</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Wid.</b>	8. DATE OF BIRTH <b>unk.</b>	9. AGE (in years last birthday) <b>ab 84</b>	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unk.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>unk.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Unk.</b>		12. CITIZEN OF WHAT COUNTRY? <b>Unk.</b>

13a. FATHER'S NAME <b>Unk.</b>	13b. MOTHER'S MAIDEN NAME <b>Unk.</b>	14. NAME OF HUSBAND OR WIFE <b>Unk.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unk.</b>	16. SOCIAL SECURITY NO. <b>Unk.</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Jewish Sanatorium Records</b>

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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Basilar Artery Thrombosis</b>			<b>2 days</b>
ANTECEDENT CAUSES	DUE TO (b) <b>Cerebro-vascular arteriosclerosis</b>		<b>5 yrs.</b>
	DUE TO (c) <b>Generalized arteriosclerosis</b>		<b>10 years</b>
II. OTHER SIGNIFICANT CONDITIONS	<b>Arteriosclerotic Heart Disease</b>		<b>5 years</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 July 18, 1956, to Sept 10, 1956, that I last saw the deceased alive on Sept. 9, 1956, and that death occurred at 6:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. C. Braverman M.D.</b>	23b. ADDRESS <b>Jewish Hospital of St. Louis</b>	23c. DATE SIGNED <b>9/10/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Bur.</b>	24b. DATE <b>9/10/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>B'nai Amoona</b>
	24d. LOCATION (City, town or county) (State) <b>University City, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>9/10/56</b>	REGISTRAR'S SIGNATURE <b>Hebecl K. Somke</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Berger Memorial 4715 McPherson</b>
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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 *Lawrence J. Dineen*.....  
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.