

STANDARD CERTIFICATE OF DEATH

39964

State File No. _____

FILED NOV 26 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 2582

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</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>1 yr.</u>		e. STREET ADDRESS (If rural, give location) <u>700 Limit</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>700 Limit</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ADOLPH</u> b. (Middle) <u>AARON</u> c. (Last) <u>Samuel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1, 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Marr.</u>	
8. DATE OF BIRTH <u>July 26, 1900</u>		9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Garment Manf.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Richard Samuel</u>		13b. MOTHER'S MAIDEN NAME <u>Regina Boas</u>		14. NAME OF HUSBAND OR WIFE <u>Hilda</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Unk.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Hilda Samuel 700 Limit</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		DUE TO (b) <u>Coronary artery sclerosis</u>			<u>2 day</u>
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			<u>7 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		_____			_____

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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>4201</u>	
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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? _____	
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22. I hereby certify that I attended the deceased from 1949, to Nov. 1, 1956, that I last saw the deceased alive on Oct. 27, 1956 and that death occurred at 1A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Fray U. Schuep, M.D.</u>		23b. ADDRESS <u>46 2 No Taylor</u>		23c. DATE SIGNED <u>11/1/56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Bur.</u>		24b. DATE <u>11/2/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Sinai</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>11-1-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 4715 Mc herson</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

MAR 20 1957

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 *James G. Anderson*
.....

Licensed Embalmer No. 4239

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.