

FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33485

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8637

1. PLACE OF DEATH a. COUNTY				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, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>University City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jewish Hosp.</u>			Length of stay in lb <u>1 day</u>		d. STREET ADDRESS <u>8363 Braddock</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>BENJAMIN</u> Middle <u></u> Last <u>FIER</u>				4. DATE OF DEATH Month <u>9</u> Day <u>14</u> Year <u>1957</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 15, 1868</u>		9. AGE (In years last birthday) <u>89</u> IF UNDER 1 YEAR Months <u>6</u> Days <u></u> Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Reta il Store</u>		11. BIRTHPLACE (City and state or country) <u>USSR</u>			12. CITIZEN OF WHAT COUNTRY? <u>USSR</u>		
13. FATHER'S NAME <u>Shmeil Feir</u>				14. MOTHER'S MAIDEN NAME <u>Unk.</u>						
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>None</u>		17. INFORMANT <u>Oscar Feir 8000 Braddock</u> Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute pulmonary edema</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>420.0</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> <u>10 yrs.</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>asthma, pulmonary emphysema</u>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Dr. F. Joseph M. Deen Corp. 9/16/57</u>							
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>University City, Mo.</u>		COUNTY <u></u> STATE <u></u>	
21. I attended the deceased from <u>9/13/57</u> to <u>9/14/57</u> and last saw her alive on <u>9/14/57</u> Death occurred at <u>12:35</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>David M. Hansen, M.D.</u> (Degree or title)				22b. ADDRESS <u>Jewish Hosp. of St. Louis</u>				22c. DATE SIGNED <u>9/14/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem.</u>		23b. DATE <u>9/16/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>B'na i Amoona</u>			23d. LOCATION (City, town, or county) (State) <u>University City, Mo.</u>			
24. FUNERAL DIRECTOR <u>Berger Memorial 4715 McPherson</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>SEP 16 57</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

St. Louis  
 1 day  
 June 15, 1888  
 West  
 their

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
 by me, or by ..... Student Embalmer No. ....  
 working under my personal supervision..

Student .....  
 Signature of Student Embalmer

Signed *[Handwritten Signature]* .....  
 Licensed Embalmer No. ....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
 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.