

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023744

STATE FILE NUMBER

FILED JUL 14 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6705

S. 300
v. 1-57

3

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL INSTITUTE 38 Enroute City Hosp #2		Length of stay in lb 7 yrs	d. STREET ADDRESS 5714 Etzel (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First SAM Middle (aka Zalman) Last SHANKER			4. DATE OF DEATH Month July Day 3, 1958 Year		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 24, 1885	9. AGE (In years at birthday) 72	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done if retired) Merchant (retired)		10b. KIND OF BUSINESS OR OCCUPATION Retail Fruits	11. BIRTHPLACE (City and state or country) USSR 6		12. CITIZEN OF USA COUNTRY? USA
13a. FATHER'S NAME Gedalia Shanker		13b. MOTHER'S MAIDEN NAME (unk) Sarah		14. NAME OF HUSBAND OR WIFE Ida Shanker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No		16. SOCIAL SECURITY NO. 496-36-5406		17. INFORMANT Mrs. Ida Shanker 5714 Etzel Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage cerebral arteriosclerosis 331X CONDITIONS, if any, which gave rise to above (a), (b), or (c) (b) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year p.m.					
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 COUNTY STATE	
21. I attended the deceased from Death occurred at 6 PM July 3, 1958 to 1958 and last saw her alive on Sept 1957 on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Sedney Dick M.D.			22b. ADDRESS 457 N. Kingshighway		22c. DATE SIGNED 7/5/58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal 7/6/58		23b. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.		23c. LOCATION (City and State) University City, Mo. (State)	
24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson ADDRESS			25. DATE RECD. BY LOCAL REG. JUL 5 '58		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.D.

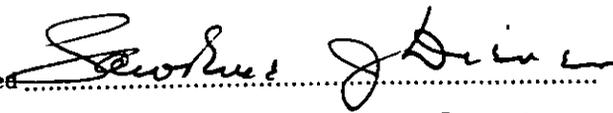
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 

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.