

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012285

STATE FILE NUMBER

ALL NOV 18 1958 Registration District No. 310 Primary Registration District No. 1003 Registrar's No. 9751

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City
c. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 869 Wayne 4366
3. NAME OF DECEASED (Type or print) First Middle Last SAM SOLDZ			4. DATE OF DEATH Month Day Year Oct. 12, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-15-89
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) Paint.		10b. KIND OF BUSINESS OR INDUSTRY Women's Garm.	11. BIRTHPLACE (City and state or country) USSR
12. CITIZEN OF WHAT COUNTRY? USSR		13. NAME OF HUSBAND OR WIFE Goldie	
13a. FATHER'S NAME Moishe Soldz		13b. MOTHER'S MAIDEN NAME Unk.	
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. Unk.	
17. INFORMANT Goldie Soldz 869 Wayne		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>Broncho genic Carcinoma</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____ DUE TO (c) _____			162.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 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 June, 1954 to Oct 12, 1958 and last saw her alive on Oct 12, 1958 Death occurred at 8:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Michael M. Karl, M.D.		22b. ADDRESS 4652 Maryland	
22c. DATE SIGNED 10/13, 1958			
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		23b. DATE 10/14/58	23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth
23d. LOCATION (City, town, or county) University City, MO.		(State)	
24. FUNERAL DIRECTOR B erger Memorial 4715 McPherson		25. DATE RECD. BY LOCAL REG. OCT 14 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith MO

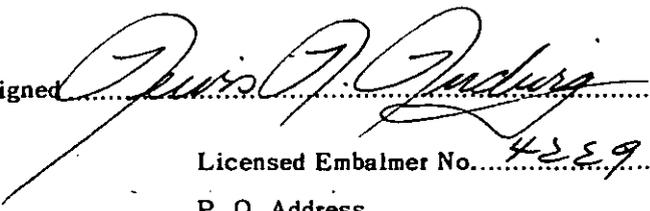
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. 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.