

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

6159

State File No.

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1697

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| 1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give name of rural locality) OR TOWN <u>St. Louis, Mo.</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY c. CITY OR TOWN <u>St. Louis</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>26 3600 N, 14th St. 22690</u> | |
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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Alfred</u> b. (Middle) <u>Meyer</u> c. (Last) <u>Finkel</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>2 22 54</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Unknown</u> | 9. AGE (To years last birthday) <u>ab. 57</u> | IF UNDER 1 YEAR Months Days Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Rose Finkel</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herman Finkel 3600 N, 14th Street</u> |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiovascular Disease & Diabetes Mellitus</u> | INTERVAL BETWEEN ONSET AND DEATH |
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| 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) | 21f. HOW DID INJURY OCCUR? <u>443X</u> |
| 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"/> | | |

22. I hereby certify that I attended the deceased from 2/16/54, 1954, to 2/22/54, 1954, that I last saw the deceased alive on 2/22/54, 1954, and that death occurred at 12:05Pm., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>G. J. Vermeulen, M.D.</u> | 23b. ADDRESS <u>BARNES HOSPITAL</u> | 23c. DATE SIGNED <u>2/22/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 24b. DATE <u>Feb-24-1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>FEB 23 1954</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>HERMAN RINDSKOPF INC.</u> | ADDRESS <u>5216 Delmar</u> |
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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 *Peter B. Dubouille*.....

Licensed Embalmer No. *36*.....

P. O. Address *Here*.....

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