

FILED OCT 31 1957

STANDARD CERTIFICATE OF DEATH

37416

STATE FILE NUMBER
10017

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

S. 300

1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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		c. CITY OR TOWN ST. LOUIS	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEWISH HOSPITAL		Length of stay in 1b	
STREET ADDRESS 2678 5780 WESTMINSTER		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Joseph Fine		4. DATE OF DEATH Month Day Year 10 25 '57	
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 ABT. 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Shoemaker		10b. KIND OF BUSINESS OR INDUSTRY Shoe	11. BIRTHPLACE (City and state or country) RUSSIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME HARVEY FINE	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE HILDA FINE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) UNK.		16. SOCIAL SECURITY NO. UNK.	
17. INFORMANT Mrs. Hilda Fine 5780 Westminister Ave.		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) Heart Failure DUE TO (b) Chronic lung Disease & Pneumonia 10/23/57 DUE TO (c) Myocardial Infarction 10/25/57 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5272			INTERVAL BETWEEN ONSET AND DEATH 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 10/23/57 to 10/25/57 and last saw her alive on 10/25/57 Death occurred at 11:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Harold Lee Bieberbaum, M.D.		22b. ADDRESS Jewish Hospital - St. Louis	
22c. DATE SIGNED 10/25/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 10/27/57	
23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR Herman Rindskopf Inc. 5216 Delmar		25. DATE RECD. BY LOCAL REG. OCT 26 57	
26. REGISTRAR'S SIGNATURE Carl Smith - M.D.			

1. NAME

2. SEX

3. OCCASION

4. DATE

5. TIME

6. PLACE

7. BY

8. SIGNATURE

9. CITY

10. COUNTY

11. STATE

12. ZIP

13. OTHER

14. DECEASED

15. EMBALMER

16. SIGNATURE OF STUDENT EMBALMER

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. Abouillet

Licensed Embalmer No. 3691

P. O. Address St. Louis

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.