

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023444

STATE FILE NUMBER

FILED JUL 3 1959

Registration District No.

Primary Registration District No.

Registrar No. 5615

S. 300

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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 St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN University City	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hosp.		d. STREET ADDRESS (If outside, give location) 7005 Tulane	
3. NAME OF DECEASED (Type or print) First Middle Last HARRY SUNSHINE		4. DATE OF DEATH Month Day Year June 10, 1959	
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 May 27, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dealer		10b. KIND OF BUSINESS OR INDUSTRY Scrap Metal	9. AGE (In years last birthday) 67
11. BIRTHPLACE (City and state or country) Russia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Israel Sunshine		13b. MOTHER'S MAIDEN NAME Bertha	
14. NAME OF HUSBAND OR WIFE Bertha		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give dates of service) None	
16. SOCIAL SECURITY NO. 494-36-3831		17. INFORMANT Bertha Sunshine 7005 Tulane	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Coronary thromboses DUE TO (c) 4201 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
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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Chicago, Illinois		20g. COUNTY STATE	
21. I attended the deceased from April 18, 1958 to present and last saw him alive on May 29, 1959 Death occurred at 1:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Michael W. Carl, M.D.		22b. ADDRESS 4652 Maryland Av.	
22c. DATE SIGNED JUN 12 1959		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 6/14/1959		23c. NAME OF CEMETERY OR CREMATORY Jewish Waldheim	
23d. LOCATION (City, town, or county) (State) Chicago, Illinois		24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson Avenue.	
25. DATE RECD. BY LOCAL REG. JUN 12 1959		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

JAN 12 1960

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. 4229
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.