

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004291

FILED VS. FEB 15 1960 317

Primary Registration District No. 531 Registrar's No. 373

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City		Length of stay in 1b YRS		c. CITY OR TOWN University City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7921 Cornell Ave.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7921 Cornell Ave.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARK Middle FOLLMAN Last FOLLMAN			4. DATE OF DEATH Month February Day 5 Year 1960				
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 1/14/1911	9. AGE (last birthday) 49	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mfg. Representative		10b. KIND OF BUSINESS OR INDUSTRY Appliances		11. BIRTHPLACE (City and state or country) Cleveland, Ohio		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Jacob Follman			13b. MOTHER'S MAIDEN NAME Miriam Siegel		14. NAME OF HUSBAND OR WIFE June Sachar Follman		
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 Address Mrs. M. Follman-7921 Cornell 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) Acute Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Crossing Artery Disease. DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 4 hrs. 5 Wks.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year						
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 4/9/50 to 2/5/60 and last saw her 2/5/60 Death occurred at 545th a. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Harold Schey M.D. (Degree, or title)			22b. ADDRESS 100 N. Euclid			22c. DATE SIGNED 2/5/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/7/60	23c. NAME OF CEMETERY OR CREMATORY B'Nai Amoona Cem.		23d. LOCATION (City, town, or county) St. Louis County, Missouri (State)			
24. FUNERAL DIRECTOR Herman Rindskopf, Inc. 5216 Delmar ADDRESS			25. DATE RECD. BY LOCAL REG. 2-5-60		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

