URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH =60=020793

ILED VS JUN 6 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5416 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis — Length of stay in 1b

c. CITY OR TOWN St Louis. — Inside Limits Yes ☑ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Jewish Hospital — Inside Limits Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) 1245 Shawmut — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Sarah Middle Cooper Last

4. DATE OF DEATH Month May Day 23 Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Widowed ☑ Never Married ☐ Divorced ☐

8. DATE OF BIRTH Unknown

9. AGE (last birthday) about 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Russia

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Israel Minkowitz

13b. MOTHER'S MAIDEN NAME Rhoda Weinhaus

14. NAME OF HUSBAND OR WIFE Manuel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Rose Oxenhandler Address 7248 Cornell

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bilateral Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Uremia.

DUE TO (c) Acute & Chronic Pyelonephritis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

1) Gangrene Lower Extremities 2) Diabetes Mellitis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 600.0

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 5/18/60, to 5/23/60 and last saw her/him alive on 5/23/60

Death occurred at 445/PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles H Dart Jr M.D.

22b. ADDRESS 216 So Kingshighway

22c. DATE SIGNED 5/24/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.

23b. DATE 5/24/60

23c. NAME OF CEMETERY OR CREMATORY Chevra Kadisha

23d. LOCATION (City, town, or county) (State) University City, Mo.

24. FUNERAL DIRECTOR ADDRESS Berger Memorial 4715 McPherson

25. DATE RECD. BY LOCAL REG. MAY 24 1960

26. REGISTRAR'S SIGNATURE Karl Smith. M.D. MJB.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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