JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 2 9 1960

-60-024940

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5700

ENDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in Tb: 4 days

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

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

c. CITY OR TOWN: University City — Inside Limits: Yes X No ☐

d. STREET ADDRESS (If outside, give location): 1133 Backer — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First FANNY Middle M. Last SCHEINKMAN

4. DATE OF DEATH: Month June Day 1 Year 1960

5. SEX: female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☐ Widowed X Divorced ☐

8. DATE OF BIRTH: 3/19/1891

9. AGE (last birthday): 69 — 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: At Home

11. BIRTHPLACE (City and state or country): Russia

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Joseph Pereluck

13b. MOTHER'S MAIDEN NAME: Esther (unk)

14. NAME OF HUSBAND OR WIFE: Alexander

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

16. SOCIAL SECURITY NO.:

17. INFORMANT: Jack Scheinkman — Address: 848 Dielman Road

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

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

DUE TO (b): Arteriosclerotic Heart Disease — 3 years

DUE TO (c): 420.0

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

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.)

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 1957 to 6/1/60 and last saw her alive on 6/1/60

Death occurred at 8:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lawrence M. Potter M.D.

22b. ADDRESS: 4409 W Pine

22c. DATE SIGNED: 6/1/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 6/3/1960

23c. NAME OF CEMETERY OR CREMATORY: Chesed Shel Emeth

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

24. FUNERAL DIRECTOR: Berger Memorial — ADDRESS: 4715 McPherson Avenue

25. DATE RECD. BY LOCAL REG.: JUN 2 1960

26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.

MSB

(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

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 co
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.