MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 9 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1061 -61-003855 STATE FILE NUMBER

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT
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1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jewish Hospital
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY
c. CITY OR TOWN: St.Louis
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1438 E.Grand Blvd.
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First SOPHIE Middle Last YUSMAN
4. DATE OF DEATH: Month February Day 2nd Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ X Divorced ☐
8. DATE OF BIRTH
9. AGE (last birthday): Abt. 74
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): At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Russia
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Abe Yusman
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.: Unk.
17. INFORMANT: Bernice Novack Address: 724 Heman Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): profound shock — INTERVAL BETWEEN ONSET AND DEATH: 45 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myocardial infarction — about 9 hrs
DUE TO (c): ASHD & Bedrest 20 to surgery 1 wk prior
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.0
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 1 wk prior to death to and last saw her/him alive on 2-2-61
Death occurred at 6:15 AM 2-2-61 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Jay Meyer, MD (Degree or title)
22b. ADDRESS: Jewish Hosp - St Louis
22c. DATE SIGNED: 2-2-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2/3/61
23c. NAME OF CEMETERY OR CREMATORY: Chevra Kadisha Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis County Missouri

24. FUNERAL DIRECTOR ADDRESS: HERMAN RINDSKOPF INC. 5216 DELMAR
25. DATE RECD. BY LOCAL REG.: FEB 3 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3691

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.