

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

235-61-016725
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 235

AMENDED

FILED JUN 12 1961

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Missouri		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b	c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 801 Normal	
3. NAME OF DECEASED (Type or print) First Victor Middle L. Last Klarsfeld			4. DATE OF DEATH Month June Day 4 Year 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 66-25 1904	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months 11 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Movie Business		10b. KIND OF BUSINESS OR INDUSTRY Rialto Theater	11. BIRTHPLACE (City and state or country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME Sigmund Klarsfeld		13b. MOTHER'S MAIDEN NAME Pauline Marcus		14. NAME OF HUSBAND OR WIFE Mrs Shirley Klarsfeld	
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. Unknown		17. INFORMANT Mrs Shirley Klarsfeld Address Cape Girardeau Mo.	
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			INTERVAL BETWEEN ONSET AND DEATH 1 hour		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)					
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"/> No <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 _____ a.m. _____ 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 6/4/61 only to _____ and last saw ^{her} _{him} alive on 6/4/61 Death occurred at _____ 5 pm on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Charles J. Brinkopf			22b. ADDRESS Cape Girardeau Mo		22c. DATE SIGNED 6/4/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-6-1961	23c. NAME OF CEMETERY OR CREMATORY Bnai Amouna		23d. LOCATION (City, town, or county) (State) University City, MO.
24. FUNERAL DIRECTOR Brinkopf Howell, Cape Girardeau		25. DATE RECD. BY LOCAL REG. Mo. 6-6-61		26. REGISTRAR'S SIGNATURE Jane Kasten	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

JUL 27 1961

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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 Neil H. Crosshead

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau

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.

Missouri State Board of Health