

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-018919

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5005** STATE FILE NUMBER

AMENDED
DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

FILED JUN 8 1961

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Jewish Center for aged**

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

c. CITY OR TOWN **St. Louis** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **1438 E. Grand** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **CHARLES** Middle **NATHAN** Last **DAVIS**

4. DATE OF DEATH Month **May** Day **27** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **Unk.** 9. AGE (last birthday) **Abt. 78**

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

10b. KIND OF BUSINESS OR INDUSTRY **Shoe**

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 **Bessie Friedman Davis**

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

16. SOCIAL SECURITY NO. **Unk.** 17. INFORMANT **T. Goldenberg-7947 Glenside** Address

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **myocardial infarction**

DUE TO (b) **arteriosclerotic Heart Disease**

DUE TO (c) **420.0**

INTERVAL BETWEEN ONSET AND DEATH **2 weeks**

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. 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 **8** 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 **St. Louis** COUNTY **St. Louis** STATE **Missouri**

21. I attended the deceased from **7-1-60** to **5-27-61** and last saw him alive on **5-25-61**

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

22a. SIGNATURE **Robert J. Mendelsohn, M.D.** (Degree or title) 22b. ADDRESS **4652 Maryland** 22c. DATE SIGNED **5-27-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **5/28/61** 23c. NAME OF CEMETERY OR CREMATORY **Chevra Kadisha Cem.** 23d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

24. FUNERAL DIRECTOR **Herman Rindskopf, Inc.** ADDRESS **5216 Delmar** 25. DATE RECD. BY LOCAL REG. **MAY 27 1961** 26. REGISTRAR'S SIGNATURE **Loed 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 _____
Signature of Student Embalmer

Signed

John Ketter

Licensed Embalmer No. 3880

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.