

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5034 -61-018933
STATE FILE NUMBER

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5034**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 8 1961

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **1 wks**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Jewish Hosp.** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **St. Louis**
c. CITY OR TOWN **University City** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **7569 Amherst** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **BECKIE** Middle **DINKA** Last **WICH** 4. DATE OF DEATH Month **MAY** Day **28** Year **1961**

5. SEX **Female** 6. COLOR OR RACE **Wh ite** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **Unknown** 9. AGE (last birthday) **about 76** 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) **USSR** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **(unk) Kessler** 13b. MOTHER'S MAIDEN NAME **Unk.** 14. NAME OF HUSBAND OR WIFE **Sam**

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. **Unk.** 17. INFORMANT **Abe Harrison** Address **1335 82nd St.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Adams - Stokes Syndrome** INTERVAL BETWEEN ONSET AND DEATH **6 mo**
DUE TO (b) **Coronary Sclerosis** **UNKNOWN**
DUE TO (c) **4201**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **DIABETES MELITUS, Recent thoracotomy** 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 **May 22 1961** to **May 28** and last saw her alive on **May 28**
Death occurred at **3:56** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Martin Bergmann MD** 22b. ADDRESS **4409 West Pine, St. L 8** 22c. DATE SIGNED **5/28/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Rem.** 23b. DATE **5/29/61** 23c. NAME OF CEMETERY OR CREMATORY **Chevra Kadisha** 23d. LOCATION (City, town, or county) (State) **University City, Mo.**

24. FUNERAL DIRECTOR **Berger Memorial 4715 McPherson** 25. DATE RECD. BY LOCAL REG. **MAY 29 1961** 26. REGISTRAR'S SIGNATURE **Loan 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 *James A. Anderson*

Licensed Embalmer No. 4529

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.