

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8985** STATE FILE NUMBER

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

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. CITY OR TOWN **Clayton** Inside Limits Yes No
d. STREET ADDRESS **7258 Forsythe** (If outside, give location) Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **St. Louis**
3. NAME OF DECEASED (Type or print) First **ALBERT** Middle **M.** Last **YAMPOLSKY** 4. DATE OF DEATH Month **Sept.** Day **27** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **12/16/87** 9. AGE (last birthday) **73** 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) **Insurance Agent** 10b. KIND OF BUSINESS OR INDUSTRY **Insurance** 11. BIRTHPLACE (City and state or country) **Russia** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Samuel Yampolsky** 13b. MOTHER'S MAIDEN NAME **Rebecca Levin** 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (yes, no, or unknown) (If yes, give war or dates of service) **yes W.W.#1** 16. SOCIAL SECURITY NO. **Unknown** 17. INFORMANT **Frank Yampolsky-5528 Pershing** 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) **Cardiac Insufficiency** INTERVAL BETWEEN ONSET AND DEATH **4 days**
DUE TO (b) **Hypertensive cardiovascular disease**
DUE TO (c) **443x**

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 **9/26/61** to **9/27/61** and last saw him alive on **9/27/61**
Death occurred at **11:15 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Hugh R. Waters** (Degree or title) **M.D.** 22b. ADDRESS **600 Union Blvd. St. Louis 8** 22c. DATE SIGNED **9/27/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **9/29/61** 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. 5216 Delmar** ADDRESS 25. DATE RECD. BY LOCAL REG. **SEP 28 1961** 26. REGISTRAR'S SIGNATURE **Roald 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.