

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

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS, MISSOURI** Length of stay in 1b _____
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION **BARNES HOSPITAL** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** COUNTY **St. Louis**
c. CITY OR TOWN **University City** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **7616 Cornell Avenue** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **HARRY NMN YELLIN** 4. DATE OF DEATH Month Day Year **SEPTEMBER 22 1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **5/24/99** 9. AGE (last birthday) **62** IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Salesman** 10b. KIND OF BUSINESS OR INDUSTRY **Gen'l. Mdse.** 11. BIRTHPLACE (City and state or country) **Poland** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Louis Yellin** 13b. MOTHER'S MAIDEN NAME **Unk.** 14. NAME OF HUSBAND OR WIFE **Betty Ray Yellin**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) **Unk.** 16. SOCIAL SECURITY NO. **Unk.** 17. INFORMANT **Mrs. H. Yellin-7616 Cornell Ave.** 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) **RUPTURE OF PAPILLARY MUSCLE** INTERVAL BETWEEN ONSET AND DEATH **2 HOURS**
DUE TO (b) **ACUTE MYOCARDIAL INFARCTION** **1 WEEK**
DUE TO (c) **ARTERIOSCLEROTIC HEART DISEASE** **4200 YEARS**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)
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 **JUNE 12, 1955** to **SEPT 22, 1961** and last saw her/him alive on **SEPTEMBER 22, 1961**
Death occurred at **11:15 A. M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **C. C. Vermillion, M.D.** 22b. ADDRESS **BARNES HOSPITAL** 22c. DATE SIGNED **9/23/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **9/24/61** 23c. NAME OF CEMETERY OR CREMATORY **B' Nat' Amoona Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Herman Rindskopf, Inc. 5216 Delmar** 25. DATE RECD. LOCAL REG. **SEP 23 1961** 26. REGISTRAR'S SIGNATURE **Loed Smith, M.D.**

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

STATEMENT BY LICENSED EMBALMER

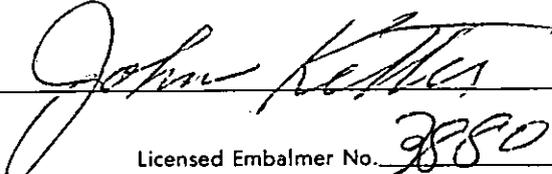
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



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.