

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-004858

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 14

FILED FEB 7 1962

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City | | Length of stay in 1b Yrs. | c. CITY OR TOWN University City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7114 Amherst Ave. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 7114 Amherst Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | | |
|--|----------------------------------|---|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Joseph Middle I. Last Epstein | | | 4. DATE OF DEATH Month January Day 2 Year 1962 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10/10/98 | 9. AGE (last birthday) 63 | 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) Accountant | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Baltimore, Md. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME Marcus Epstein | | 13b. MOTHER'S MAIDEN NAME Unk. | | 14. NAME OF HUSBAND OR WIFE Della S. Epstein | | |
| 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 Address Mrs. D. S. Epstein, 7114 Amherst Ave. | | |

| | | |
|---|--|--|
| 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 coronary occlusion | | INTERVAL BETWEEN ONSET AND DEATH acute |
| DUE TO (b) Atherosclerosis | | 15 yrs. |
| DUE TO (c) | | |
| 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. <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 Sept. 1947 to Jan. 2, 1962 and last saw ^{her}him alive on Dec. 23, 1961
Death occurred at _____ 8 8 m on the date stated above, and to the best of my knowledge, from the causes stated.

| | | |
|---|------------------------------------|---------------------------------------|
| 22a. SIGNATURE <i>Henry Rosenfeld</i> (Degree or title) <i>M.D.</i> Henry Rosenfeld, M.D. | 22b. ADDRESS 7165 Delmar | 22c. DATE SIGNED Jan 3 1962 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 1/3/62 | 23c. NAME OF CEMETERY OR CREMATORY |
| 23d. LOCATION (City, town, or county) Nashville Tenn. | | (State) |

| | | |
|---|---|---|
| 24. FUNERAL DIRECTOR Herman Rindskopf Inc., 5216 Delmar | 25. DATE RECD. BY LOCAL REG. 1-3-62 | 26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i> |
|---|---|---|

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. _____

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.