

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020182

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5287 STATE FILE NUMBER

FILED MAY 31 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in lb 1 wk.
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) 6257 Gates Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First NATHAN Middle BILINSKY Last BILINSKY
4. DATE OF DEATH Month May Day 24 Year 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 11/10/1879 9. AGE (last birthday) 82 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done working life, even if retired) Merchant 10b. KIND OF BUSINESS OR INDUSTRY Retail Grocer 11. BIRTHPLACE (City and state or country) Russia 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Beryl Bilinsky 13b. MOTHER'S MAIDEN NAME Mary (unk) 14. NAME OF HUSBAND OR WIFE Anna

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 Anna Bilinsky 6257 Gates

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS
DUE TO (b) GEN. ARTERIOSCLEROSIS
DUE TO (c) 332x
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) ASHO, BPH
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 11:55 a.m. p.m. Month, Day, Year 5/24/62

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.) 5/24/62 20f. CITY, TOWN, OR LOCATION 5/25/62 COUNTY University City STATE Mo.

21. I attended the deceased from 5/24/62 to 5/25/62 and last saw her/him alive on 5/24/62
Death occurred at 5/24/62 11:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Albert Oberman MD 22b. ADDRESS 216 S. KING HIGHWAY 22c. DATE SIGNED 5/25/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Rem. 23b. DATE 5/25/62 23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth 23d. LOCATION (City, town, or county) (State) University City, Mo.

24. FUNERAL DIRECTOR ADDRESS Berger Memorial 4715 Cherson 25. DATE RECD. BY LOCAL REG. MAY 25 1962 26. REGISTRAR'S SIGNATURE Alan Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

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 *Quir G. Gudberg*

Licensed Embalmer No. 4229

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.