

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5289-62-020929 STATE FILE NUMBER

318 1003

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

FILED MAY 31 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1
4866-321
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4 A
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7 C
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY		c. CITY OR TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
St. Louis		St. Louis		5 days		Mo.		St. Louis		University City		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits		d. STREET ADDRESS (If outside, give location)				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
Jewish Hosp.				Yes <input type="checkbox"/> No <input type="checkbox"/>		7359a Dartmouth				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
3. NAME OF DECEASED (Type or print)						4. DATE OF DEATH																	
First			Middle			Last			Month			Day			Year								
ANNA			ROSSIN						May 24, 1962														
5. SEX		6. COLOR OR RACE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR											
Female		White				7/4/1900		61		Months		Days		Hours		Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country)				12. CITIZEN OF WHAT COUNTRY											
Clerk				Grocery				St. Louis, Mo.				USA.											
13a. FATHER'S NAME						13b. MOTHER'S MAIDEN NAME						14. NAME OF HUSBAND OR WIFE											
Paul Coplan						Unk.						Gilbert											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT				Address											
No				Unk.				Mrs. Sylvia Katz				7359 Dartmouth											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:												INTERVAL BETWEEN ONSET AND DEATH											
IMMEDIATE CAUSE (a) <u>Chemia</u>																							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.																							
DUE TO (b) <u>bilateral cholelithiasis</u>																							
DUE TO (c) <u>602x</u>																							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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		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 <u>1959</u> to <u>May 1962</u> and last saw her <u>alive</u> on <u>May 24, 1962</u> Death occurred at <u>May 24, 1962 2:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.																							
22a. SIGNATURE						22b. ADDRESS						22c. DATE SIGNED											
<u>Thomas Oberauer</u>						<u>M.D.</u>						<u>4919 Forest PK Blvd</u>						<u>5/24/62</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify)				23b. DATE				23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county)				(State)							
Rem.				5/27/62				Chased Shel Emeth				University City, Mo.											
24. FUNERAL DIRECTOR						ADDRESS						25. DATE RECD BY LOCAL REG.						REGISTRAR'S SIGNATURE					
Berger Memorial						4715 McPherson						MAY 25 1962						<u>Ronald Smith, M.D.</u>					

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,

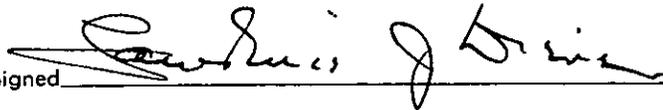
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 3988

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.