

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025067

318 1003

6389

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6389

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1			
2 206			
3			
4 0			
5 2			
6			
7 2			
8 1			
9			
10			
11			
12 64-3			
13			
64	ITEM NO.	SHOULD READ	BY AFFIDAVIT OF

1. PLACE OF DEATH JUL 6 1962
 a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY
 c. CITY OR TOWN St. Louis Inside Limits Yes No
 d. STREET ADDRESS 1417 Blackstone (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
 MORRIS PREVULSKY
 4. DATE OF DEATH Month Day Year
 June 27, 1962

5. SEX Male 6. COLOR OR RACE Cauc. 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH unk. 9. AGE (last birthday) ab. 85
 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) 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 Unk. Prevulsky 13b. MOTHER'S MAIDEN NAME Unk. 14. NAME OF HUSBAND OR WIFE Rebecca

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 Harry Prevulsky 1112 Chantal Dr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary Sclerosis with occlusion.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 420.1
 DUE TO (c)
 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.
 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 _____ to _____ and last saw her/him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED
 [Signature] 1300 Clark 6-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Rem. 23b. DATE 6/28/62 23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth 23d. LOCATION (City, town, or county) (State) University City, Mo.

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
 Berger Memorial 4715 McPherson JUN 28 1962 [Signature] 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 *Lawrence J. DeWitt*

Licensed Embalmer No. 8988

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.