

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025213

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5713** STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in lb **2 wks.**
 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) **1329 Rushmore** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Morris** Middle **Solomon** Last **Solomon** 4. DATE OF DEATH Month **June** Day **7** Year **1962**
 5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **7/10/1878** 9. AGE (last birthday) **83**
 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) **Dealer** 10b. KIND OF BUSINESS OR INDUSTRY **Scrap metal** 11. BIRTHPLACE (City and state or country) **Russia** 12. CITIZEN OF WHAT COUNTRY **USA**
 13a. FATHER'S NAME **Samuel Solomon** 13b. MOTHER'S MAIDEN NAME **Sarah Gross** 14. NAME OF HUSBAND OR WIFE **Sarah**

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 **Mrs. Ann Cohen** Address **1329 Rushmore**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **myocardial infarction** INTERVAL BETWEEN ONSET AND DEATH **17 hours**
 DUE TO (b) **Arteriosclerotic Heart Disease** **2 years**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) **Pulmonary Tuberculosis** **3 mos.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **002.1** PART III. If deceased was female was there a pregnancy in last 90 days. Yes N. 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 **March 26, 1956** to **June 7, 1962** and last saw him alive on **June 6, 1962**
 Death occurred at **6:25 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dee or title) **Levellyn Sale, Jr M.D.** 22b. ADDRESS **100 N. Euclid** 22c. DATE SIGNED **6/7/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Rem.** 23b. DATE **6/10/62** 23c. NAME OF CEMETERY OR CREMATORY **Beth Hamedrosh Hagodol** 23d. LOCATION (City, town, or county) **Ladue, Mo.** (State) _____

24. FUNERAL DIRECTOR **Berger Memorial** ADDRESS **4715 McPherson** 25. DATE RECD. BY LOCAL REG. **JUN 8 1962** 26. REGISTRAR'S SIGNATURE **Carl Smith, M.D.**

VS 300 Rev. 4/59
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 4 **G**
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 7 **2**
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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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,

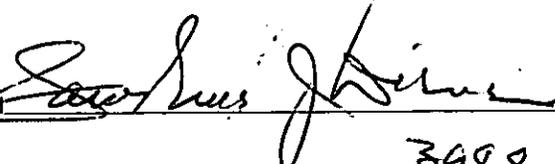
or by _____, Student Embalmer No. _____

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.