

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028957

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7083**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUL 31 1962**

VS 300 Rev. 4/59-	DATE AMENDED			
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: <b>Mo.</b> b. COUNTY: <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <b>St. Louis</b>		Length of stay in 1b: <b>3 Days</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <b>Jewish Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>6826 Raymond</b>	
3. NAME OF DECEASED (Type or print) <b>Ben Millman</b>		4. DATE OF DEATH <b>7 - 17 - 1962</b>	
5. SEX: <b>Male</b>	6. COLOR OR RACE: <b>Cauc.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: <b>4-24-1891</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <b>Produce</b>		10b. KIND OF BUSINESS OR INDUSTRY: <b>Wholesale Produce</b>	11. BIRTHPLACE (City and state or country): <b>Lithuania</b>
12. CITIZEN OF WHAT COUNTRY: <b>U. S. A.</b>		13. NAME OF HUSBAND OR WIFE: <b>Edith Miller Millman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <b>No</b>		16. SOCIAL SECURITY NO. [Redacted]	
17. INFORMANT: <b>Edith Millman</b>		Address: <b>6826 Raymond</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis, acute</b>			INTERVAL BETWEEN ONSET AND DEATH: <b>48 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>420.1</b>
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 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 <b>Jan 1948</b> to <b>July 1962</b> and last saw him alive on <b>7/17/62</b> Death occurred at <b>8:05 p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title): <b>Alfred Goldsman M.D.</b>		22b. ADDRESS: <b>638 IV<sup>o</sup> Grand</b>	
22c. DATE SIGNED: <b>7/18/62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify): <b>Removal</b>	23b. DATE: <b>7-19-1962</b>	23c. NAME OF CEMETERY OR CREMATORY: <b>Chevra Kadisha Cemetery</b>	23d. LOCATION (City, town, or county) (State): <b>University City, Mo.</b>
24. FUNERAL DIRECTOR: <b>Berger Memorial</b>		ADDRESS: <b>4715 McPherson</b>	
25. DATE RECD. BY LOCAL REG.: <b>JUL 19 1962</b>		26. REGISTRAR'S SIGNATURE: <b>Earl Smith, M.D.</b>	

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 *Quis J. Quindary*  
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.