

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-021263
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5991**
FILED JUN 13 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN University City (30)	
Length of stay in 1b 4 mos		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If outside, give location) 7465 Gannon	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ANNIE ARNOWITZ		4. DATE OF DEATH Month June Day 6 Year 1963	
5. SEX female		6. COLOR OR RACE cauc.	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-27-1894	
9. AGE (last birthday) 69		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (City and state or country) USSR		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Morris Miller		13b. MOTHER'S MAIDEN NAME Celia (unk)	
14. NAME OF HUSBAND OR WIFE Louis		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Louis Arnowitz 7565 Gannon	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Let Hemiparesis DUE TO (b) Metastatic Carcinoma to Brain DUE TO (c) 163x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 4 months 4 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of lungs, suspected		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 a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 5/17/63 to 6/6/63 and last saw ^{her} _{him} live on 6/6/63 Death occurred at 11:25 am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Allenby, M.D.		22b. ADDRESS 8112 Delma	
22c. DATE SIGNED 6/6/63		22d. LOCATION (City, town, or county) (State) Ladue, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 6-7-63	
23c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagadol Cem.		23d. LOCATION (City, town, or county) (State) Ladue, Missouri	
24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson Ave		25. DATE RECD. BY LOCAL REG. JUN 7 1963	
26. REGISTRAR'S SIGNATURE Loan Smith, M.D.			

STATE OF MISSISSIPPI

(05)

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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 *[Handwritten Signature]*
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.