

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-021735

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5873** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUN 7 1963**

1. PLACE OF DEATH a. COUNTY: <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: <b>Missouri</b> b. COUNTY: <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <b>St. Louis</b>		c. CITY OR TOWN: <b>Clayton</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <b>Bernard Nursing Home</b>		d. STREET ADDRESS (If outside, give location): <b>823 Westwood Dr.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last: <b>S A D Y E D . H Y A M S</b>		4. DATE OF DEATH Month Day Year: <b>JUNE 2nd, 1963</b>	
5. SEX: <b>Female</b>	6. COLOR OR RACE: <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: <b>8/20/92</b>
9. AGE (last birthday): <b>70</b>		IF UNDER 1 YEAR: Months Days Hours Min.	IF UNDER 24 HR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): <b>New York N.Y.</b>
12. CITIZEN OF WHAT COUNTRY: <b>U.S.A.</b>		13. FATHER'S NAME: <b>Herman Dietz</b>	
14. MOTHER'S MAIDEN NAME: <b>Julia Blumberg</b>		15. NAME OF HUSBAND OR WIFE: <b>Milton H. Hyams</b>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of): <b>Unk.</b>		17. SOCIAL SECURITY NO.:	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BRONCHOPNEUMONIA</b>		INTERVAL BETWEEN ONSET AND DEATH: <b>1 wk</b>	
DUE TO (b) <b>ARTERIOSCLEROSIS, GEN.</b>		DUE TO (c) <b>450.0</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 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 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>Dec. 1955</b> to <b>June 7, 63</b> and last saw her <b>live on June 2, 1963.</b> Death occurred at <b>2:00 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title): <b>Herman L. Goldman M.D.</b>		22b. ADDRESS: <b>634 N. Grand</b>	
22c. DATE SIGNED: <b>June 3, 63.</b>		22d. LOCATION (City, town, or county) (State): <b>Newark N.J.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify): <b>Removal</b>	23b. DATE: <b>6/4/63</b>	23c. NAME OF CEMETERY OR CREMATORY: <b>B'Nai Abraham Cem.</b>	
23d. FUNERAL DIRECTOR: <b>HERMAN RINDSKOPF INC. 5216 DELMAR</b>		23e. DATE RECD. BY LOCAL REG.: <b>JUN 3 - 1963</b>	
23f. ADDRESS: <b>HERMAN RINDSKOPF INC. 5216 DELMAR</b>		23g. REGISTRAR'S SIGNATURE: <b>Earl Smith, M.D.</b>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

VS 300 Rev. 4/59  
 1  
 2 **40003C**  
 3  
 4 **1**  
 5 **2**  
 6  
 7 **1**  
 8 **2**  
 9  
 10  
 11  
 12 **86-0**  
 13  
**86**  
 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 Peter DeBrouillet

Licensed Embalmer No. 3691

P. O. Address St Louis Mo

**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.