

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

#63-026171

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6207 STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

6-27-63

6-27-63

INSTEAD OF

July 4 1912

July 4 1910

July 5 1910

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF infarment

MEDICAL CERTIFICATION

DOCUMENT 7-4-1910 #6157

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Missouri		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 Clayton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If outside, give location) 6313 S. Rosebury	
3. NAME OF DECEASED (Type or print) First Middle Last B E N M A X		4. DATE OF DEATH Month Day Year JUNE 11th, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/4/32
9. AGE (last birthday) 50 52		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furniture Salesman		10b. KIND OF BUSINESS OR INDUSTRY Furniture	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Sam Max	
14. MOTHER'S MAIDEN NAME Bessie Goorman		15. NAME OF HUSBAND OR WIFE Estelle Max	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.#2		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) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 5 hours	
DUE TO (b) arteriosclerosis		years	
DUE TO (c) 4207			
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 checked="" type="checkbox"/> NO <input 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 1938 to 6/11/63 and last saw him alive on 6/11/63 Death occurred at 4:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Max S. Franklin M.D.		22b. ADDRESS 607 N. Grand Ave.	
22c. DATE SIGNED 6/12/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/13/63	23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem. St. Louis County, Mo.	
24. FUNERAL DIRECTOR ADDRESS HERMAN RINDSKOPF INC. 5216 DELMAR		25. DATE RECD. BY LOCAL REG. JUN 12 1963	26. REGISTRAR'S SIGNATURE Loed Smith, M.D.

100-10000

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1933

St. Louis, Mo.

St. Louis, Missouri

St. Louis

X

Clayton

Jewish Hospital

2113 S. Rosebury

XX

JUNE 11TH, 1933

M A X

B E N

X

2017

White

Male

St. Louis, Mo. U.S.A.

Furniture

Furniture Salesman

Estelle Max

Basie Goodman

Sam Max

Mrs. B. Max - 2113 S. Rosebury

U.S.N.

W.W.W.S.

Yes

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 John Keller
Licensed Embalmer No. 288

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.

St. Louis County, Mo.

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HERMAN RINDSCOPF INC. ST. LOUIS, MO.