

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046339

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 591

Registrar's No. 3297

**FILED NOV 20 1963**

DO NOT WRITE ON THIS STUB

AMENDED

|                                                                                                                                                                                                                                    |                                                                                                           |                                                                                                                                                               |                                                                     |                                                                                                                                                                      |                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>                                                                                                                                                                                    |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>St. Louis</b>                     |                                                                     |                                                                                                                                                                      |                                                                        |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>University City</b>                                                                                                                                        |                                                                                                           | Length of stay in 1b<br><b>YRS.</b>                                                                                                                           |                                                                     | c. CITY OR TOWN <b>University City</b>                                                                                                                               |                                                                        |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>7470 Delmar</b>                                                                                                                                  |                                                                                                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                          |                                                                     | d. STREET ADDRESS (If outside, give location)<br><b>7470 Delmar</b>                                                                                                  |                                                                        |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>HYMAN</b> Middle <b>A.</b> Last <b>ELLMAN</b>                                                                                                                                   |                                                                                                           |                                                                                                                                                               | 4. DATE OF DEATH<br>Month <b>OCT</b> Day <b>28</b> Year <b>1963</b> |                                                                                                                                                                      |                                                                        |
| 5. SEX<br><b>Male</b>                                                                                                                                                                                                              | 6. COLOR OR RACE<br><b>White</b>                                                                          | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>              | 8. DATE OF BIRTH<br><b>11-29-1891</b>                               | 9. AGE (last birthday)<br><b>72 71</b>                                                                                                                               | IF UNDER 1 YEAR<br>Months Days Hours Min.                              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired</b>                                                                                                                      |                                                                                                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Enamel-Ware</b>                                                                                                       |                                                                     | 11. BIRTHPLACE (City and state or country)<br><b>Russia</b>                                                                                                          |                                                                        |
| 10c. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>                                                                                                                                                                                    |                                                                                                           | 13a. FATHER'S NAME<br><b>Louis Ellman</b>                                                                                                                     |                                                                     | 13b. MOTHER'S MAIDEN NAME<br><b>Sarah Glassman</b>                                                                                                                   |                                                                        |
| 13c. NAME OF HUSBAND OR WIFE<br><b>Fannie Ellman</b>                                                                                                                                                                               |                                                                                                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Unk.</b>                                    |                                                                     | 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>                                                                                                                         |                                                                        |
| 17. INFORMANT<br><b>Fannie Ellman 7470 Delmar</b>                                                                                                                                                                                  |                                                                                                           | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Pulmonary Edema</b> |                                                                     | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 hr</b>                                                                                                                      |                                                                        |
| DUE TO (b) <b>Atherosclerotic Heart Disease</b>                                                                                                                                                                                    |                                                                                                           | DUE TO (c) <b>Gen. Atherosclerosis</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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                                                        |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>a.m. p.m.                                                                                                                                                                          |                                                                                                           |                                                                                                                                                               |                                                                     |                                                                                                                                                                      |                                                                        |
| 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>1959</b> to <b>present</b> and last saw her/him alive on <b>10/28/63</b><br>Death occurred at <b>4 9</b> m. on the date stated above, and to the best of my knowledge, from the causes stated. |                                                                                                           |                                                                                                                                                               |                                                                     |                                                                                                                                                                      |                                                                        |
| 22a. SIGNATURE (Degree or title)<br><b>S. E. Schechter M.D.</b>                                                                                                                                                                    |                                                                                                           |                                                                                                                                                               | 22b. ADDRESS<br><b>8000 Bonhomme</b>                                |                                                                                                                                                                      | 22c. DATE SIGNED<br><b>10/28/63</b><br>(State)                         |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                                                                                                                                                                         |                                                                                                           | 23b. DATE<br><b>10-29-63</b>                                                                                                                                  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Chesed Shel Emeth</b>      |                                                                                                                                                                      | 23d. LOCATION (City, town, or county)<br><b>St. Louis, County, Mo.</b> |
| 24. FUNERAL DIRECTOR<br><b>Herman Rindskopf Inc 5216 Delmar</b>                                                                                                                                                                    |                                                                                                           |                                                                                                                                                               | 25. DATE RECD. BY LOCAL REG.<br><b>10-28-63</b>                     |                                                                                                                                                                      | 26. REGISTRAR'S SIGNATURE<br><b>John B. Murphy M.D.</b>                |

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **Fun. Director**

Doctor's record in 1947--showed birth date as 11/29/1891

DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

12/31/63

Nov. 29, 1884

Nov. 29, 1891

12/31/63

73

71

VS 300  
Rev. 4/59

1 4006  
2 4006

3

4 0

5 1

6

7 2

8 2

9 4200

10

11

12 900

13

USE BLACK INK OR TYPEWRITER RIBBON

2024-01-01

1-2-64

1-2-64

RECEIVED  
STATE BOARD OF HEALTH  
JAN 2 1964

**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 Ketter

Licensed Embalmer No. 3880

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.