

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049448

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **12526**

STATE FILE NUMBER

FILED DEC 27 1963

DO NOT WRITE ON THIS STUB

AMENDED

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	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U.o.a. City Hospital		d. STREET ADDRESS (If outside, give location) 30 Middlesex	
3. NAME OF DECEASED (Type or print) First Middle Last PAUL M. GERWITZ, JR.		4. DATE OF DEATH Month Day Year December 16, 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 6-3-63
9. AGE (last birthday) 60 yrs.		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) Attorney		10b. KIND OF BUSINESS OR INDUSTRY Law	
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Paul M. Gerwitz, Sr.		13b. MOTHER'S MAIDEN NAME Charlotte Brauer	
14. NAME OF HUSBAND OR WIFE Leila Gerwitz		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Leila Gerwitz, 30 Middlesex	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease & aneurysm of left ventricle DUE TO (b) 4200 DUE TO (c) 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			INTERVAL BETWEEN ONSET AND DEATH
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 12/1/59 3:30 P to 12/16/63 and last saw her/him alive on 12/10/63 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert Tolashnick M.D.		22b. ADDRESS 3720 Washington	
22c. DATE SIGNED 12/17/63		22d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-19-63	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24. FUNERAL DIRECTOR ADDRESS Stock Mortuaries, 9825 Halls Ferry Rd.		25. DATE RECD. BY LOCAL REG. DEC 18 1963	
26. REGISTRAR'S SIGNATURE Lois Smith, M.D.			

VS 300 Rev. 4/59	DATE AMENDED	
1	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
2	INSTEAD OF	
3	DOCUMENT	
4	MEDICAL CERTIFICATION	
5	BY AFFIDAVIT OF	
6	SHOULD READ	
7	ITEM NO.	
8	SHOULD READ	
9	BY AFFIDAVIT OF	
10	SHOULD READ	
11	BY AFFIDAVIT OF	
12	SHOULD READ	
13	BY AFFIDAVIT OF	

USE BLACK INK OR TYPEWRITER RIBBON

