

FILED FEB 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7022

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 441

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 745 Eastgate Avenue	

3. NAME OF DECEASED (Type or Print) MILLARD	a. (First) G.	b. (Middle) MANDEL	c. (Last) MANDEL	4. DATE OF DEATH (Month) (Day) (Year) Feb. 18, 1950
--	----------------------	---------------------------	-------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) Abt. 62	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
--------------------	-------------------------------	---	---------------------------------	--	------------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Dress	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
---	--	--	---

13a. FATHER'S NAME Leopold Mandel	13b. MOTHER'S MAIDEN NAME Rena Goodman	14. NAME OF HUSBAND OR WIFE Ina Davidson Mandel
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME Mrs. M. G. Mandel-745 Eastgate Ave.	ADDRESS
---	--	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension Cordis Vas. Rerum DUE TO (c) Dissecting		5 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from **Aug 19 49**, to **Feb 18**, 1950; that I last saw the deceased alive on **Feb. 17**, 1950, and that death occurred at **6 6** m., from the causes and on the date stated above.

23a. SIGNATURE Willie A. King	(Degree or title) M.D.	23b. ADDRESS 1100 Theater Plaza	23c. DATE SIGNED 2-18-50
--------------------------------------	-------------------------------	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/20/50	24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. FEB 18 1950	REGISTRAR'S SIGNATURE Herbert S. Spinks, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Herman Rind, Inc.	ADDRESS 5216 Delmar
---	--	---	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4005
10.48

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.

Signed.....
Student Embalmer

Signed

John Koffler
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 this body is not embalmed, fact should be so stated above.