3751

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 36238

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9599

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5811 Manchester — Length of stay in 1b 40 yrs, 4 g

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 5811 Manchester (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JAMES Middle E. Last STEELE

4. DATE OF DEATH Month Oct. Day 19 Year 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Unk.
9. AGE (In years last birthday) ab.76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Employee
10b. KIND OF BUSINESS OR INDUSTRY Auto Parts
11. BIRTHPLACE (City and state or country) British Colombia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unk. Steele
14. MOTHER'S MAIDEN NAME Unk.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.#1
16. SOCIAL SECURITY NO. Unk.
17. INFORMANT Address Dave Goldstein 5811 Manchester

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis — 3-4yrs
DUE TO (c) Arteriosclerotic Heart Disease — 3-4yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Diabetes Mellitus

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

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21. I attended the deceased from 6/4/56, to 10/19/56 and last saw her/him alive on 10/12/56
Death occurred at 425 Am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Murray Chinsky (Degree or title) MD
22b. ADDRESS 3734 Jennings Rd.
22c. DATE SIGNED 10/19/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.
23b. DATE 10/23,1956
23c. NAME OF CEMETERY OR CREMATORY Oak Grove
23d. LOCATION (City, town, or county) (State) St.Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS Berger Memorail 4715 Mc herson
25. DATE RECD. BY LOCAL REG. OCT 22 1956
26. REGISTRAR'S SIGNATURE J Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....4

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.