Health, Welfare & Public Service

300
1-56

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 16 1957

STATE FILE NUMBER 33207

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7887

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 — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Clayton 4452 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute to City — Length of stay in Hosp.	d. STREET ADDRESS (If outside, give location) 7548 Parkdale — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: LEO	Middle:	Last: BAUM	4. DATE OF DEATH Month Day Year: Aug. 21, 1957	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Oct. 9, 1909	9. AGE (In years last birthday): 47 — 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): Buyer	10b. KIND OF BUSINESS OR INDUSTRY: Furniture	11. BIRTHPLACE (City and state or country): Hungary	12. CITIZEN OF WHAT COUNTRY?: U.S.A.	
13. FATHER'S NAME: Unknown		14. MOTHER'S MAIDEN NAME: Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Unk. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: Unk.	17. INFORMANT Address: Mrs. L. Baum-7548 Parkdale		

MEDICAL CERTIFICATION

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 occlusion CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Coronary sclerosis CORONARY ARTERIO Sclerosis — 3 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 420.1

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

21. I attended the deceased from 1954, to 1957 and last saw her/him alive on 8/7/57

Death occurred at 10:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Burton A. Shore (Degree or title) M.D. — Burton A. Shore M.D.

22b. ADDRESS 4652 Maryland — 4632 MARYLAND

22c. DATE SIGNED 8/22/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 8/23/57

23c. NAME OF CEMETERY OR CREMATORY: Chevra Kadisha Cem.

23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Herman Rindskopf, Inc. 5216 Delmar

25. DATE RECD. BY LOCAL REG.: AUG 23 '57

26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3

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.