Health, Welfare Public Service

300
1-56

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

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007541
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1486

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐ | c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐ |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital — Length of stay in 1b 14 | d. STREET ADDRESS (If outside, give location) 5537 Pershing Ave. — Reside on Farm Yes ☐ No ☐ 12 |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) | First: SAM | Middle: | Last: MANEWITZ | 4. DATE OF DEATH Month Day Year: FEB. 7th, 1958 |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ | 8. DATE OF BIRTH: Mar.25,1882 | 9. AGE (In years last birthday): 75 — 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): Jobber | 10b. KIND OF BUSINESS OR INDUSTRY: R.R.Salvage | 11. BIRTHPLACE (City and state or country): Russia | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME: Unk. | | 14. MOTHER'S MAIDEN NAME: Unk. | | |
| 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: Mrs.Fannie K.Manewitz | Address: 5537 Pershing |

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) rupture posterior wall left ventricle — Immediate

DUE TO (b) coronary thrombosis — 3 days

DUE TO (c)

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

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

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 1945 to 1945 and last saw him alive on 2/7/58

Death occurred at 9:08 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
|---|---|---|
| 22a. SIGNATURE (Degree or title): Lawrence H. Kutner M.D. | 22b. ADDRESS: 4409 W. Pine | 22c. DATE SIGNED: 2/8/58 |

| | | | |
|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify): Removal | 23b. DATE: 2/10/58 | 23c. NAME OF CEMETERY OR CREMATORY: Mt.Olive Cemetery | 23d. LOCATION (City, town, or county) (State): St.Louis County Missouri |
| 24. FUNERAL DIRECTOR: Herman Rindskopf Inc. | ADDRESS: 5216 Delmar | 25. DATE RECD. BY LOCAL REG.: FEB 8 '58 | 26. REGISTRAR'S SIGNATURE: J Earl Smith M.D. S.P. |

(Licensed Embalmer's Statement on Reverse Side)

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 John Kettler

Licensed Embalmer No. 38

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.