

FILED JUN 30 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023076
STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4748

S. 300
1-57
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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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clayton 43720
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) 27 300 N. Gay
3. NAME OF DECEASED (Type or print) First MIDDLE Last SYLVIA ALTMAN		4. DATE OF DEATH Month Day Year MAY 2, 1958	
5. SEX Female /	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 June 16, 1924
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 36
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Louis Harris		13b. MOTHER'S MAIDEN NAME Isabel Waxman	14. NAME OF HUSBAND OR WIFE Jack Altman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk.		16. SOCIAL SECURITY NO. Unk.	17. INFORMANT Address Jack Altman-300 N. Gay
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1. Gastric hemorrhage 2. Pulmonary atelectasis 3. Anesthesia 4. Old fracture of the right hip, suffered in fall at Brunswick Georgia on January 13, 1958 just before entering shoe store in the 1400 block of New Castle St. sometime in the p.m. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Accident 962X			INTERVAL BETWEEN ONSET AND DEATH. 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) (See above) 44	
20c. TIME OF INJURY. Hour Month/Day/Year p.m. 1-13/58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 33 West	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE Brunswick, Georgia	
21. I attended the deceased from Death occurred at 9:30 P. to and last saw her/him alive on m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Ink or type) Patrick J. Taylor Coroner		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 5-3-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-4-58	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery
23d. LOCATION (City, town, or county) St. Louis County, Missouri		23e. (State)	
24. FUNERAL DIRECTOR ADDRESS Herman Rindskopf, Inc. 5216 Delmar		25. DATE RECD. BY LOCAL REG. MAY 3 '58	26. REGISTRAR'S SIGNATURE Carl Smith - MD dem

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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.

Student
Signature of Student Embalmer

Signed *John Ketter*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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