THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016219

STATE FILE NUMBER

FILED MAY 7 1959 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 931

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Berkeley — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Edgewood Retreat — Length of stay in lb 3 mths.

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 [X] No [ ]
d. STREET ADDRESS (If outside, give location) 6015 Washington — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First JOSEPH Middle Last HOLTZMAN

4. DATE OF DEATH Month Day Year Apr. 6, 1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH Dec. 1883

9. AGE (In years 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) Dealer

10b. KIND OF BUSINESS OR INDUSTRY Scrap metal

11. BIRTHPLACE (City and state or country) USSR

12. CITIZEN OF WHAT COUNTRY? USSR

13a. FATHER'S NAME Unk. Holtzman

13b. MOTHER'S MAIDEN NAME Unk.

14. NAME OF HUSBAND OR WIFE Anna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Sam Finn 8 Knob Hill, University City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH 3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis — 10+ years

DUE TO (c) 450.0

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 [X] 1

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 Jan. 28, 1959, to April 6, 1959 and last saw him alive on April 5, 1959. Death occurred at 6 30 pm April 6, 1959 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harvey Walker, Jr., M.D.

22b. ADDRESS 462 N. Taylor Ave, St. Louis 8, Mo

22c. DATE SIGNED April 7, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 4/8/59

23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth

23d. LOCATION (City, town, or county) (State) University City, Mo.

24. FUNERAL DIRECTOR Berger Memorial — **ADDRESS** 4715 McPherson

25. DATE RECD. BY LOCAL REG. 4-7-59

26. REGISTRAR'S SIGNATURE John C. Murphy, M.D.

MEDICAL CERTIFICATION

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 embalme

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

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 3788

P. O. Address .....

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