

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030370

FILED VS. AUG 31 1959

2 7295

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 1 day	c. CITY OR TOWN University City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION B. Jewish Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8162 Vardaman
3. NAME OF DECEASED (Type or print) First Louis Middle Last Farber.			4. DATE OF DEATH Month Aug. Day 5, Year 1959
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/31/1893
9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Poland Russia
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Itzek Farber	
13b. MOTHER'S MAIDEN NAME Etta (unk)		14. NAME OF HUSBAND OR WIFE Jennie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Jennie Farber 8162 Vardaman	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PRIMARY DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction & Shock.			INTERVAL BETWEEN ONSET AND DEATH Twelve Hours
DUE TO (b) Coronary Artery Disease			
DUE TO (c) Infarcted Intestine			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatic Heart Disease, Auricular Fibrillation			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.) 420.1	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY
20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from August 4, 1959 to August 5, 1959 and last saw ^{her} him alive on August 5, 1959 Death occurred at 3:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. G. Deitch, M. D.		22b. ADDRESS Jewish Hospital	22c. DATE SIGNED Aug 5 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.	23b. DATE 8/16/59	23c. NAME OF CEMETERY OR CREMATOR Chevra Kadisha	23d. LOCATION (City, town, or county) University City, Mo.
24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson		25. DATE RECD. BY LOCAL REG. AUG 6 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M. D.

DOCUMENT

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Quir J. Jundberg

Licensed Embalmer No. 4599

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.