URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED OCT 13 1959

59-033609
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 8135

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b: 1 hr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jewish Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: St.Louis
c. CITY OR TOWN: University City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6608 Clemens
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JENNIE Middle BRIMER Last
4. DATE OF DEATH: Month Sept. Day 2, Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/15/1891
9. AGE (last birthday): 68
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Russia
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Morris Busch
13b. MOTHER'S MAIDEN NAME: Mary (unk)
14. NAME OF HUSBAND OR WIFE: Ben
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.: Unk.
17. INFORMANT: Ben Brimer Address: 6608 Clemens

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): Asystole — INTERVAL BETWEEN ONSET AND DEATH: 1
DUE TO (b): heart disease — failure with myocardial infarct.
DUE TO (c): arteriosclerotic heart dis. & Cong. — 6 mo
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): 420.0
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 4/1/59 12:10 AM to 9/2/59 1:10 AM and last saw her/him alive on 9/2/59 at 1:09 AM
Death occurred at 1:10 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title) MD
22b. ADDRESS: Jewish Hosp. St. Louis
22c. DATE SIGNED: 9/2/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Rem.
23b. DATE: 9/4/59
23c. NAME OF CEMETERY OR CREMATORY: Chevra Kadisha
23d. LOCATION (City, town, or county) (State): University City, Mo.

24. FUNERAL DIRECTOR: Berger emorial ADDRESS: 4715 Mc herson
25. DATE RECD. BY LOCAL REG.: SEP 2 1959
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed [illegible]

Licensed Embalmer No. 4.3.79

P. O. Address_____

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