

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038086

FILED VS NOV 12 1959

210066

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

RECEIVED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF HOSPITAL OR INSTITUTION 4011 Delmar Blvd.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4011 Delmar Blvd.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First DAVID Middle SKOBEL Last SKOBEL				4. DATE OF DEATH Month NOVEMBER Day 1st Year 1959				
5. SEX Male	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 12/13/89	9. AGE (last birthday) 69	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) Prop.		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and state or country) New York N.Y.		12. CITIZEN OF WHAT COUNTRY N.Y.		
13a. FATHER'S NAME IVAN SKOBEL			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MIRIAM SKOBEL			
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 Mrs. Miriam Skobel 4011 Delmar Blvd				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute coronary thrombosis <i>acute coronary thrombosis</i>							INTERVAL BETWEEN ONSET AND DEATH Immediate	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 420.1								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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.)						
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			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		STATE			
21. I attended the deceased from 1940 to 10/31/59 and last saw him alive on 10/26/59 Death occurred at 9 AM on 9 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Jules H. Kopp (Degree or title) <i>Jules H. Kopp M.D. M.D.</i>				22b. ADDRESS 462 No. Taylor <i>462 N Taylor</i>		22c. DATE SIGNED 11/1/59		
23a. BURIAL, CREMATION REMOVAL (Specify) Removal		23b. DATE 11/4/59	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
24. FUNERAL DIRECTOR ADDRESS Herman Rindskopf Inc. 5216 Delmar				25. DATE RECD. BY LOCAL REG. NOV 2 1959		26. REGISTRAR'S SIGNATURE Loed Smith, M.D. <i>m.B</i>		

DOCUMENT
MEDICAL CERTIFICATION
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 me
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Peter B. Dubroull

Licensed Embalmer No. 3691

P. O. Address St. Louis, Mo.

Note: The above ^CMUST 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.