URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 8 1959

59-042137
STATE FILE NUMBER

MENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's 210875

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: University City
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 6824 Melrose
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: HYMAN Middle: LAZERWITZ Last:
4. DATE OF DEATH: Month Day Year: Nov. 21, 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/14/05
9. AGE (last birthday): 54
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): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Laundrette
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Morris Lazerwitz
13b. MOTHER'S MAIDEN NAME: Etta
14. NAME OF HUSBAND OR WIFE: Gertrude
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.: 486-22-9022
17. INFORMANT: Gertrude Lazerwitz Address: 6824 Melrose

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): ACUTE MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 30 MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ARTERIOSCLEROTIC HEART DISEASE — 5 YEARS
DUE TO (c): 420.0
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES X 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 February, 1955 to Nov 21, 1959 and last saw ~~her~~ him alive on 11-4-59
Death occurred at 8:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Walter C. Binder, M.D. (Degree or title)
22b. ADDRESS: 4652 MARYLAND ST LOUIS 8, MO
22c. DATE SIGNED: 11-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Rem.
23b. DATE: 11/24/59
23c. NAME OF CEMETERY OR CREMATORY: Beth Hamedrosh Hagodol
23d. LOCATION (City, town, or county) (State): City of Ladue, Mo.

24. FUNERAL DIRECTOR: Berger Memorial ADDRESS: 4715 McPherson
25. DATE RECD. BY LOCAL REG.: NOV 24 1959
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. MJB

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF funeral director

DOCUMENT

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_____

Licensed Embalmer No. 3988

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.