JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 7 1959

59-042260
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210190

NDED

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: 3 days

c. CITY OR TOWN University City
Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.
Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 7001 Amherst
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: IRVING Middle: A. Last: MINTZ

4. DATE OF DEATH Month, Day, Year: Nov. 4, 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 7/19/1893

9. AGE (last birthday): 66

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): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Construction Found.

11. BIRTHPLACE (City and state or country): Newark, N.J.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Samuel Mintz

13b. MOTHER'S MAIDEN NAME: Lena (unk)

14. NAME OF HUSBAND OR WIFE: Anna

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

16. SOCIAL SECURITY NO.: 105-10-9136a

17. INFORMANT: Murray Mintz Address: 1223 Eastover

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) Coronary Thrombosis in the right coronary artery.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Pulmonary Edema

DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH: _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 541.0

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.) Injured during operation (bleeding ulcer) at Jewish Hospital on November 3 1959.

20c. TIME OF INJURY Hour 3 a.m. p.m. Month, Day, Year 11 3 59

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.) 12 4 Hosp

20f. CITY, TOWN, OR LOCATION St Louis COUNTY STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 9:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Patrick J. Taylor (Degree or title) Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 11. 5. 59.

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

23b. DATE 11/6/59

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 4815 McPherson

25. DATE RECD. BY LOCAL REG. NOV 6 1959

26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Kenneth Dinsdale Nelson

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 Louis J. Ludwig

Licensed Embalmer No. 4229

P. O. Address_____

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