URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-042376

FILED VS DEC 7 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 9909 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in 1b: 141 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VAH, 915 NO. GRAND AVE. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ST. LOUIS
c. CITY OR TOWN: ~~ST. LOUIS~~ CLAYTON — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6434 SAN BONITA — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HARRY Middle PRELUTSKY Last
4. DATE OF DEATH: Month 10 Day 28 Year 59
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/30/99
9. AGE (last birthday): ~~XXX~~ 60 — 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): UNEMPLOYED - CAB DRIVER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): RUSSIA
12. CITIZEN OF WHAT COUNTRY:
13a. FATHER'S NAME: LOUIS PRELUTSKY
13b. MOTHER'S MAIDEN NAME: MOLLIE MUSKIN
14. NAME OF HUSBAND OR WIFE: MARTHA PRELUTSKY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: 494-09-0069
17. INFORMANT: VAH, 915 NO. GRAND AVE., ST. LOUIS, MO. (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CORONARY THROMBOSIS	IMMEDIATE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	CORONARY ATHEROSCLEROSIS	10 YEARS
DUE TO (c)	DIABETES MELLITUS 260 x	15 YEARS

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 ☐ 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 6/9/59, to 10/28/59 and last saw ~~XXXX~~ him alive on 10/28/59
Death occurred at 8:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Geo. H. Porter GEO. H. PORTER, M.D.
22b. ADDRESS: VAH, ST. LOUIS, MO.
22c. DATE SIGNED: 10/28/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10/29/1959
23c. NAME OF CEMETERY OR CREMATORY: Beth Hamedrosh Hagodol
23d. LOCATION (City, town, or county) (State): Ladue, Missouri

24. FUNERAL DIRECTOR: Berger Memorial
ADDRESS: 4715 McPherson Avenue
25. DATE RECD. BY LOCAL REG.: OCT 29 1959
26. REGISTRAR'S SIGNATURE: Pearl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AMENDED

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_____ Signed_____

Signature of Student Embalmer

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.