

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042538

FILED VS DEC 7 1959

STATE FILE NUMBER

210189

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 11 days	c. CITY OR TOWN University City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7337 Dartmouth Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First GEORGE Middle W. Last SOLL			4. DATE OF DEATH Month November Day 5 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 7-4-1889	9. AGE (last birthday) 50	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 RR Salvage	11. BIRTHPLACE (City and state or country) Chicago, Ill.	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Morris Saldofsky		13b. MOTHER'S MAIDEN NAME Rebecca		14. NAME OF HUSBAND OR WIFE Mollie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. Unk.	17. INFORMANT Mollie Soll 7337 Dartmouth Address			

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 12 DAYS
IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) ARTEROSCLEROTIC HEART DISEASE	
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. <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 _____ a.m. _____ p.m.	Month, Day, Year _____	

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 University City	COUNTY St. Louis	STATE Missouri
21. I attended the deceased from 10-25-59 to 11-5-59 and last saw ^{her} him alive on 11-5-59 Death occurred at 9:45 AM m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>Mollie Soll</i> (Degree or title)	22b. ADDRESS 4652 MARVENS	22c. DATE SIGNED 11-5-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11/6/1959	23c. NAME OF CEMETERY OR CREMATORY B'nai Amoona Cemetery
24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson Ave.		23d. LOCATION (City, town, or county) (State) University City, Missouri

25. DATE RECD. BY LOCAL REG. NOV 6 1959	26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</i>
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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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed: *Frederic J. Neudorff*
Licensed Embalmer No. 4229

P. O. Address _____

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