

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004282

FILED VS FEB 1 1960 317

Registration District No. 531 Primary Registration District No. 169 Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City		Length of stay in lb 15 yrs		c. CITY OR TOWN University City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1230 Purdue		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1230 Purdue	
3. NAME OF DECEASED (Type or print) First SOL Middle BAUMGARTEN Last BAUMGARTEN			4. DATE OF DEATH Month 1 Day 17 Year 60		
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 Nov-18-88	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days 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 Grocer, retail		11. BIRTHPLACE (City and state or country) Poland	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Simon Baumgarten		13b. MOTHER'S MAIDEN NAME Bessie (unk)	
14. NAME OF HUSBAND OR WIFE Rose		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war of service) None		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Rose Baumgarten		Address 1230 Purdue			

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 1 1/2 hours
IMMEDIATE CAUSE (a) Acute Pulmonary Edema			
DUE TO (b) Congestive Heart Failure			
DUE TO (c) Arteriosclerotic Cardiovascular Disease			1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral arteriosclerosis			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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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	COUNTY STATE

21. I attended the deceased from July 1954 to Jan. 17, 1960 and last saw him alive on Jan. 17, 1960
 Death occurred at 3:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Leon Birenbaum M.D.	(Degree or title)	22b. ADDRESS 462 N. Taylor	22c. DATE SIGNED 1/17/60.
23a. BURIAL CREMATION, BURIAL	23b. DATE 1-18-60	23c. NAME OF CEMETERY OR CREMATORY Chevre Kadisha Cem.	23d. LOCATION (City, town, or county) (State) Univ. City, Mo.

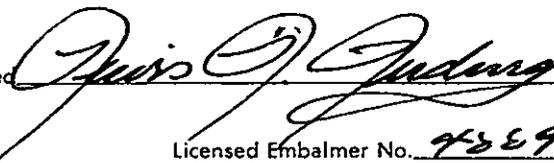
24. FUNERAL DIRECTOR Berger Memorial	ADDRESS 4715 McPherson	25. DATE RECD. BY LOCAL REG. 1-18-60	26. REGISTRAR'S SIGNATURE John B. Murphy M.D.
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

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  _____
Licensed Embalmer No. 7369

P. O. Address _____

Note: The above, MUST 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.