RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 14 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1669 -60-008249 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY

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 St. Louis | Length of stay in 1b

c. CITY OR TOWN Clayton | Inside Limits Yes ☑ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Jewish Hospital | Inside Limits Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) 804 S. Hanley Rd | Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First JOSEPH Middle J. Last GERSHMAN

4. DATE OF DEATH Month FEB. Day 11, Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Oct 7, 1906

9. AGE (last birthday) 53 | 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) Consultant

10b. KIND OF BUSINESS OR INDUSTRY Finance

11. BIRTHPLACE (City and state or country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jacob Gershman

13b. MOTHER'S MAIDEN NAME Dora Rochman

14. NAME OF HUSBAND OR WIFE Ruth Flom Gershman

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

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Mrs. J.J.Gershman Address 804 S. Hanley Rd.

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 occlusion — INTERVAL BETWEEN ONSET AND DEATH: Short

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

DUE TO (b) Acute Myocardial Infarction — ½ hour

DUE TO (c) Arterio-sclerotic Heart Disease — years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Had a Coronary Occlusion in 1946

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.) 420.0

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 March-1946 to February 11th 1960 and last saw ~~her~~ him alive on 2/9/60
Death occurred at 4P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Herman M. Meyer M.D.

22b. ADDRESS 4409 West Pine

22c. DATE SIGNED 2/12/60

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

23b. DATE 2/14/60

23c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, County, Missouri

24. FUNERAL DIRECTOR ADDRESS Herman Rindskopf, Inc. 5216 Delmar

25. DATE RECD. BY LOCAL REG. FEB 13 1960

26. REGISTRAR'S SIGNATURE Earl Smith, M.D. M.J.B.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 John Kettler

Licensed Embalmer No. 3886

P. O. Address_____

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