IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-008469
STATE FILE NUMBER

FILED VS MAR 14 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1739

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 3 mos
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jewish Hospital — 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: Berkeley — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6126 Wulff — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: YETTA Middle: Last: HOPMAN
4. DATE OF DEATH: Month: Feb. Day: 13 Year: 1960
5. SEX: female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12/15/81
9. AGE (last birthday): 78 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Austria
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Abraham Dick
13b. MOTHER'S MAIDEN NAME: Miriam (Unk)
14. NAME OF HUSBAND OR WIFE: Harry
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Goldie Dick Address: 6126 Wulff

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): Cerebral Vascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral arteriosclerosis — unknown
DUE TO (c): 332x
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 Feb. 9, 1960, to Feb. 13, 1960 and last saw her ~~him~~ alive on Feb. 13, 1960
Death occurred at 2:15 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Aaron Birenbaum, M.D.
22b. ADDRESS: 462 N. Taylor
22c. DATE SIGNED: 2/14/60.

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 2-22-60
23c. NAME OF CEMETERY OR CREMATORY: Chesed Shel Emeth
23d. LOCATION (City, town, or county) (State): Univ. City, Mo.

24. FUNERAL DIRECTOR: Berger Memorial ADDRESS: 4715 McPherson
25. DATE RECD. BY LOCAL REG.: FEB 15 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. MPS

(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_____ Signed _____

Signature of Student Embalmer

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.