

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-008522

FILED VS MAR 14 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 1539** STATE FILE NUMBER

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| 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 | c. CITY OR TOWN University City |
| 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) 8123 Teasdale Ave. |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) | First ELY | Middle | Last LIEBERMAN | 4. DATE OF DEATH | Month February | Day 9 | Year 1960 |
|-------------------------------------|------------------|--------|-----------------------|------------------|-----------------------|--------------|------------------|

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|-----------------------|----------------------------------|---|------------------------------------|-------------------------------------|-----------------|----------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7/15/85 | 9. AGE (last birthday) 74 | IF UNDER 1 YEAR | IF UNDER 24 HR |
| | | | | | Months | Days |
| | | | | | Hours | Min. |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Russia | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Anna Lieberman |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk. | 16. SOCIAL SECURITY NO. Unk. | 17. INFORMANT Address Mrs. Rose Lipman-8123 Teasdale Ave. |
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| 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 11/18/60 |
| IMMEDIATE CAUSE (a) Carbon monoxide Poisoning | | |
| DUE TO (b) with cerebro-vascular accident | | |
| DUE TO (c) 890.0 15 | | |

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| 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 |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) Carbon monoxide fumes drawn from furnace escaped through laundry chute into room |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ | Month, Day, Year 1 18 60 |
|---|------------------------------------|

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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 3U home | 20f. CITY, TOWN, OR LOCATION University City | COUNTY St. Louis | STATE Mo |
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| 21. I attended the deceased from Jan, 1943 to Feb 9/60 and last saw him alive on 2/9/60 Death occurred at 10:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) Alfred Goldman MD | 22b. ADDRESS 634 N Grand | 22c. DATE SIGNED 2/10/60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 2/11/60 | 23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem. St. Louis County, Missouri | 23d. LOCATION (City, town, or county) (State) |
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| 24. FUNERAL DIRECTOR ADDRESS Herman Rindskopf, Inc. 5216 Delmar | 25. DATE RECD. BY LOCAL REG. FEB 10 1960 | 26. REGISTRAR'S SIGNATURE Lead Smith M.D. |
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

