

# IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

60-013048

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STATE FILE NUMBER

NDSD

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

4-29-60 jr

pyelonephritis DOCUMENT

coronary arteries and aorta  
18, Pt. II (as amended)  
BY AFFIDAVIT OF attending physician

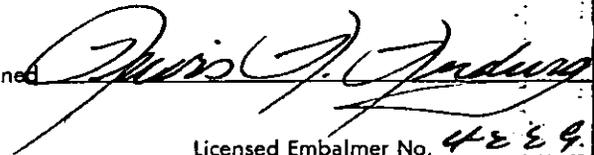
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>				Length of stay in 1b <b>16 wks.</b>		c. CITY OR TOWN <b>University City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jewish Hosp.</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>6450 Clemens</b>	
3. NAME OF DECEASED (Type or print) First <b>DORA</b> Middle <b>PADRATZIK</b> Last				4. DATE OF DEATH Month <b>Mar.</b> Day <b>6</b> Year <b>1960</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Unk.</b>	
9. AGE (last birthday) <b>ab 72</b>		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) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country) <b>Lithuania</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>			13a. FATHER'S NAME <b>Ben Kessler</b>		13b. MOTHER'S MAIDEN NAME <b>Unk.</b>		
14. NAME OF HUSBAND OR WIFE <b>Ben</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		
17. INFORMANT <b>Ben Padratzik</b>			Address <b>6450 Clemens</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <del>Coronary artery disease</del> Generalized arteriosclerosis of coronary arteries and aorta; basilar atelectasis of lungs. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Decubitus ulcer in sacrococcygeal region;</b> <del>Pyelonephritis</del> superficial phlebothrombosis							INTERVAL BETWEEN ONSET AND DEATH
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		COUNTY STATE	
21. I attended the deceased from <b>May 1959</b> to <b>March 6, 1960</b> and last saw her alive on <b>March 6, 1960</b> Death occurred at <b>9:00 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Julius Elson M.D.</b>				22b. ADDRESS <b>607 N. Grand St. Louis Mo</b>		22c. DATE SIGNED <b>3/2/60</b>	
23a. BURIAL, CREMATION, REPAIR, (Specify)		23b. DATE <b>3/7/60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Beth Hamedrosh agodol</b>		23d. LOCATION (City, town, or county) <b>City of Ladue, Mo. University</b>	
24. FUNERAL DIRECTOR <b>Berger Memorial 4715 Mc herson</b>				ADDRESS		25. DATE RECD. BY LOCAL REG. <b>MAR 7 1960</b>	
				26. REGISTRAR'S SIGNATURE <b>Loal Smith M.D.</b>			

**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. 4229

P. O. Address \_\_\_\_\_

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