

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013366

FILED VS. APP. 4 1960

Primary Registration District No. Registrar's 2 2982

STATE FILE NUMBER

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 Saint Louis			Length of stay in 1b		c. CITY OR TOWN Creve Coeur
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) 11160 Clarissa Dr.
3. NAME OF DECEASED (Type or print) First ROSE Middle EDLIN Last WAX			4. DATE OF DEATH Month March Day 13, Year 1960		
5. SEX Female	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 Unknown	9. AGE (last birthday) Abt. 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Russia	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Alter Edlin		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Morris Wax	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. Unk.		17. INFORMANT Address J. Leon Wax-11160 Clarissa Drive	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A.V. Heart Block - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerotic G.V. Dis DUE TO (c) - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Preventive - 3 days					INTERVAL BETWEEN ONSET AND DEATH 10 yrs - 10 yrs
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 Month, Day, Year a.m. p.m.		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 3/20/1950 to 3/17/60 and last saw her alive on 3/23/60 - Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Arthur E. Stroud, M.D.			22b. ADDRESS 3780 Washington		22c. DATE SIGNED 3/19/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/15/60	23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem. St. Louis County, Missouri		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Herman Rindskopf, Inc. 5216 Delmar		ADDRESS		25. DATE RECD. BY LOCAL REG. MAR 14 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

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 John Kettles
Licensed Embalmer No. 388

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.