

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016626

FILED VS APR 29 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 3901** STATE FILE NUMBER

ENDED

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 University City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 502 Kingsland Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First HARRY Middle L. Last BORTNICK				4. DATE OF DEATH Month APRIL Day 7th , Year 1960									
5. SEX Male		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 UNK		9. AGE (last birthday) AB 70		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Dry Goods			11. BIRTHPLACE (City and state or country) Russia			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Meyer Bortnick				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Fannie S.					
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. Fannie S. Bortnick 502 Kingsland							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION										INTERVAL BETWEEN ONSET AND DEATH 2 HOURS			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE		2 YEARS	
										DUE TO (c) DIABETES MELLITUS 26 0X		7 15 YRS	
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					
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 1958 to 4-7-60 and last saw her/him alive on 4-7-60 Death occurred at 6:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Robert A. Bunker, M.D. (Degree or title)					22b. ADDRESS 4612 MIDLAND ST LOUIS 8					22c. DATE SIGNED 4-8-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/10/60		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. 5212 Delmar ADDRESS				25. DATE RECD. BY LOCAL REG. APR 8 1960		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

R.P.

1000 University City
502 Highland Ave.

of the
Hospital

April 7th, 1950

NOTICE

NAME

Age

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 Ketter

Licensed Embalmer No. 3880

P. O. Address St Louis Mo

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