URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-024723
STATE FILE NUMBER

FILED VS JUN 27 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5997

ENDED

1. PLACE OF DEATH
a. COUNTY 1 month
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis & Length of stay in 1b 3 wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp. Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY
c. CITY OR TOWN St. Louis Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1020a Morrison Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Annie Middle Last Louis
4. DATE OF DEATH Month Day Year 6-11-60

5. SEX Female
6. COLOR OR RACE White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5/15/78
9. AGE (last birthday) 82 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) Russia
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Isaac Shapiro
13b. MOTHER'S MAIDEN NAME Rachael (Unknown)
14. NAME OF HUSBAND OR WIFE William

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 Address Joseph Louis 1020a Morrison

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Passive Congestion Heart — INTERVAL BETWEEN ONSET AND DEATH 7 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) 420-OF
DUE TO (c) Arteriosclerotic Heart Disease — 7 wks.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture Right Tibia - 3 mo.

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.) Fell from bed in home.
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 3/14/60
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.) 22 Home.
20f. CITY, TOWN, OR LOCATION St. Louis COUNTY — STATE Mo.

21. I attended the deceased from 4-19-60, to 6-11-60 and last saw her/him alive on 6-11-60
Death occurred at 5:00 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John W. Beckham, M.D.
22b. ADDRESS 5800 Arsenal
22c. DATE SIGNED 6/13/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 6/13/60
23c. NAME OF CEMETERY OR CREMATORY Chevra Kadisha
23d. LOCATION (City, town, or county) (State) University City, Missouri

24. FUNERAL DIRECTOR Berger Memorial ADDRESS 4715 McPherson Avenue
25. DATE RECD. BY LOCAL REG. JUN 13 1960
26. REGISTRAR'S SIGNATURE Carl Smith, M.D. MJB

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

at Jefferson Town 6-15-60

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.