URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-028204

STATE FILE NUMBER

FILED VS JUL 22 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6912

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN: ST.LOUIS
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 220 N.Kingshighway
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Rose Middle: I. Last: Charak

4. DATE OF DEATH: Month 7 Day 19 Year 60

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 12/25/84

9. AGE (last birthday): 75

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): 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: UNK.

13b. MOTHER'S MAIDEN NAME: UNK.

14. NAME OF HUSBAND OR WIFE: DAVID CHARAK

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: JEAN B.CHARAK # 4 SPOEDE ACRES Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Occlusion Basilar Artery — INTERVAL BETWEEN ONSET AND DEATH: 8 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 332x

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. ☐ 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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6/25/60, to 7/9/60 and last saw her alive on 7/9/60
Death occurred at 7/9/60 10:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: F R Bradley (Degree or title): Dr. F.R. Bradley, M.D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 7/10

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 7/12/60

23c. NAME OF CEMETERY OR CREMATORY: Mt.Olive Cemetery

23d. LOCATION (City, town, or county) (State): St.Louis County Missouri

24. FUNERAL DIRECTOR: Herman Rindskopf Inc. ADDRESS: 5216 Delmar

25. DATE RECD. BY LOCAL REG.: JUL 11 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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 Peter B. Dubouill

Signature of Student Embalmer

Licensed Embalmer No. 3691

P. O. Address St Louis

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