URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-028387

FILED VS JUL 18 1960

ENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5970

STATE FILE NUMBER

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: University City 4336
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 6309 N. Drive
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First SAM Middle Last HANDLER
4. DATE OF DEATH: Month June Day 10 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 7-15-1889
9. AGE (last birthday): 70
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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Plumber
11. BIRTHPLACE (City and state or country): Austria
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Morris Handler
13b. MOTHER'S MAIDEN NAME: Pessie (unknown)
14. NAME OF HUSBAND OR WIFE: Gussie
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.:
17. INFORMANT: Gussie Handler Address: 6309 N. Drive

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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — several years
DUE TO (c): 351X
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 Sept. 1951 to June 10, 1960 and last saw him alive on June 10, 1960
Death occurred at 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title): M.D.
22b. ADDRESS: 4652 Maryland
22c. DATE SIGNED: 6/10/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6/12/1960
23c. NAME OF CEMETERY OR CREMATORY: Chevra Kadisha
23d. LOCATION (City, town, or county) (State): University City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Berger Memorial 4715 McPherson Ave.
25. DATE RECD. BY LOCAL REG.: JUN 10 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. MJB

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 398

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.