URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 1 0 1960

-60-028665
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7570

ENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY SAINT LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis | Length of stay in 1b

c. CITY OR TOWN CLAYTON | Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital | Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 111 Brighton Way | Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ANNA Middle Last NEVEDOMSKY

4. DATE OF DEATH Month July Day 29, Year 1960

5. SEX Female | 6. COLOR OR RACE White | 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐ | 8. DATE OF BIRTH Unk. | 9. AGE (last birthday) Abt.80 | 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 Samuel Gottlieb | 13b. MOTHER'S MAIDEN NAME Faiga Wasser | 14. NAME OF HUSBAND OR WIFE Jacob Nevedomsky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. Unk. | 17. INFORMANT S. Nevedomsky | Address 111 Brighton Way

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) Coronary occlusion with myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 4 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) coronary arteriosclerosis — 9 yrs.

DUE TO (c) 420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
R. hemiparesis.

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 1951 to Jul 29, 1960 and last saw him alive on Jul 29, 1960
Death occurred at 10 30 pm. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thomas Allen MD | 22b. ADDRESS 3720 Washington Ave | 22c. DATE SIGNED 7/30/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 7/31/60 | 23c. NAME OF CEMETERY OR CREMATORY Chevra Kadisha Cem. | 23d. LOCATION (City, town, or county) (State) Saint Louis County, Mo.

24. FUNERAL DIRECTOR Herman Rindskopf, Inc. | ADDRESS 5216 Delmar | 25. DATE RECD. BY LOCAL REG. 7-31-1960 | 26. REGISTRAR'S SIGNATURE Earl Smith M.D. M.D.

(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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed John Kettere

Signature of Student Embalmer

Licensed Embalmer No. 3880

P. O. Address_____

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.