

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-032480

FILED VS SEP 2 1960

318

Primary Registration District No. 1003

Registrar's No.

7247

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI			Length of stay in 1b 2 1/2 yrs		c. CITY OR TOWN University City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 710 Leland		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE LAST BESSIE NMN KORNBUM			4. DATE OF DEATH Month Day Year JULY 19 1960					
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/1/86	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of preceding life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Austria		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Unk. Rosenbleet			13b. MOTHER'S MAIDEN NAME Unk.			14. NAME OF HUSBAND OR WIFE Julius		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None	17. INFORMANT Ben Goldman 710 Leland			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTRACEREBRAL HEMORRHAGE DUE TO (b) GENERALIZED ARTERIOSCLEROSIS DUE TO (c) 331x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 15-16 DAYS YEARS	
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 checked="" 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 Month, Day, Year a.m. p.m.								
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 JULY 1, 1960 to JULY 19, 1960 and last saw her alive on JULY 19, 1960 Death occurred at 1:50 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>C. D. V. Miller, M.D.</i> (Degree or title) M.D.				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 7/20/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.	23b. DATE 7/21/60	23c. NAME OF CEMETERY OR CREMATORY Chedel Shel Emeth		23d. LOCATION (City, town, or county) University City, Mo.			(State)	
24. FUNERAL DIRECTOR Berger Memorial 4715 Mc herson				ADDRESS	25. DATE RECD. BY LOCAL REG. JUL 20 1960	26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

