

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9392** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Missouri b. COUNTY	
c. FULL NAME OF (If NOT hospital, give location) HOSPITAL OR INSTITUTION Jewish Center Aged		d. STREET ADDRESS (If outside, give location) 1407 Montclair	

3. NAME OF DECEASED (Type or print) First ABRAHAM Middle MERMELSTEIN Last			4. DATE OF DEATH Month 9 Day 22 Year 1960		
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5. SEX male	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 (unk)	9. AGE (last birthday) ab. 89	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vendor	10b. KIND OF BUSINESS OR INDUSTRY News-papers	11. BIRTHPLACE (City and state or country) USSR	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Aaron Mermelstein	13b. MOTHER'S MAIDEN NAME Basha (unk)	14. NAME OF HUSBAND OR WIFE Pearl
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No	17. INFORMANT Mrs. Anna Fischer	Address 1216 McMorro
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Pulmonary emboli, suspected		several days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b)		
DUE TO (c) 465x		

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 type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from 7-1-60 to 9-22-60 and last saw him alive on 9-16-60 Death occurred at 9:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Robert S. Mendelsohn, M.D. (Degree or title)	22b. ADDRESS 4652 Maryland Av.	22c. DATE SIGNED 9-23-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-25-60	23c. NAME OF CEMETERY OR CREMATORY Chesed ShelEmeth Cem.	23d. LOCATION (City, town, or county) Univ. City, Mo.
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24. FUNERAL DIRECTOR Berger Memorial	ADDRESS 4715 McPherson	25. DATE RECD. BY LOCAL REG. SEP 24 1960	26. REGISTRAR'S SIGNATURE Roan Smith, M.D.
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DOCUMENT
MEDICAL CERTIFICATION
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 _____
Signature of Student Embalmer

Signed *Lawrence J. DeLuca*
Licensed Embalmer No. 3988

P. O. Address _____

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