RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10760

-60-043829
STATE FILE NUMBER

DED

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
Length of stay in 1b 1 week
c. CITY OR TOWN University City
Inside Limits Yes X No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.
Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 737 Limit
Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First CHARLES Middle Last KUTNER
4. DATE OF DEATH Month Day Year Nov.7,1960

5. SEX Male
6. COLOR OR RACE White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Unknown
9. AGE (last birthday) about 60
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) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Retail Hdware
11. BIRTHPLACE (City and state or country) St.Louis,Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Abr.Kotner
13b. MOTHER'S MAIDEN NAME Yetta Bierman
14. NAME OF HUSBAND OR WIFE Betty

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. 492-24-6840
17. INFORMANT Alvin Kutner Address 737 Limit

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) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH 2 mos.
of
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Aortic Stenosis — ? 6 yrs.
DUE TO (c) 421.1

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 7/18/60, to 11/7/60 and last saw him alive on 11/7/60.
Death occurred at 3:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Arthur E. Thomas (Degree or title) M.D.
22b. ADDRESS 3730 Washington
22c. DATE SIGNED 11/7/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.
23b. DATE 11/8/60
23c. NAME OF CEMETERY OR CREMATORY Chevra Kadisha
23d. LOCATION (City, town, or county) (State) University City,Mo.

24. FUNERAL DIRECTOR Berger Memorial
ADDRESS 4715 McPherson
25. DATE RECD. BY LOCAL REG. NOV 7 1960
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

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_____
Signature of Student Embalmer

Signed_____

Licensed Embalmer No. 3988

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.