

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH											
FILED VS MAR 13 1961 318			1003			REGISTRAR'S NO. 2006		STATE FILE NUMBER =61-010902			
AMENDED											
1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Length of stay in 1b 55 yrs.		c. CITY OR TOWN St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6243 Southwood			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last JACOB HACK					4. DATE OF DEATH Month Day Year Feb. 27, 1961						
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Unknown		9. AGE (last birthday) about 75			
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) Merchant					10b. KIND OF BUSINESS OR INDUSTRY Retail Ladies Wear	11. BIRTHPLACE (City and state or country) Poland	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Morris Hack				13b. MOTHER'S MAIDEN NAME Unk.			14. NAME OF HUSBAND OR WIFE Fannie				
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. Unk.		17. INFORMANT Address Fannie Hack 6243 Southwood					
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 Embolus								INTERVAL BETWEEN ONSET AND DEATH 11 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Infarction								12 days			
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)							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				
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 a.m. Month, Day, Year 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 Feb. 1960 to Feb. 1961 and last saw her alive on Feb. 27, 1961 Death occurred at 10:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) Burlon G. Staley M.D.					22b. ADDRESS 4652 Maryland			22c. DATE SIGNED 2/27/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		23b. DATE 2/28/61	23c. NAME OF CEMETERY OR CREMATORY Chevra Kadisha			23d. LOCATION (City, town, or county) University City, Mo.		(State)			
24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson					25. DATE RECD. BY LOCAL REG. FEB 28 1961 FEB 28 1981		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.				

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

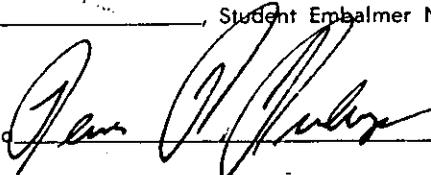
MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 4229

P. O. Address \_\_\_\_\_

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