

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

342F

-61-015372

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

FILED APR 24 1961

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>15 yrs.</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>City Hosp.</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>7710 Clara</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>MARTHA</b> Middle <b>LEVY</b> Last					4. DATE OF DEATH Month <b>Apr.</b> Day <b>9</b> Year <b>1961</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/13/1886</b>	9. AGE (last birthday) <b>74</b>	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) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Poland</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
13a. FATHER'S NAME <b>Simon Baumann</b>			13b. MOTHER'S MAIDEN NAME <b>Augustine (unk)</b>			14. NAME OF HUSBAND OR WIFE <b>Felix</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Gustav Levy 8115 Noel Ct.</b> 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) <b>Spinal and Subdural Hemorrhage of brain with fractured skull; suffered when struck by street car operated by one Clara Fielding, on part of about 5617 Polma, about 7:30 P.M. on Aug 8, 1961.</b> DUE TO (b) <b>Accident</b> DUE TO (c) <b>Accident</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>54</b>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>See above</b>							
20c. TIME OF INJURY <b>7:30 p.m.</b>		Hour Month, Day, Year <b>4-8-61</b>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>05 street</b>		20f. CITY, TOWN, OR LOCATION <b>St. Louis, Mo</b>		COUNTY STATE			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>7:30 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>Paul Johnson</b>					22b. ADDRESS <b>1300 Clark</b>			22c. DATE SIGNED <b>4/11/61</b>	
23a. BURIAL, CREMATION, REINTERMENT (Specify)		23b. DATE <b>4/11/61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth</b>			23d. LOCATION (City, town, or county) <b>University City, Mo.</b>		
24. FUNERAL DIRECTOR <b>Berger Memorial 4715</b>					ADDRESS <b>McPherson</b>		25. DATE RECD. BY LOCAL REG. <b>APR 11 1961</b>		26. REGISTRAR'S SIGNATURE <b>Loed Smith, M.D.</b>

**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 *Quis J. Andurg*  
Licensed Embalmer No. 4529

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.