SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED FILED APR 27 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3900 STATE FILE NUMBER -61-015791

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Faith Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis

c. CITY OR TOWN: University City — Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location): 7354 Tulane — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ROSE Middle: Last: YOUNG

4. DATE OF DEATH: Month: April Day: 24, Year: 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 7/8/81

9. AGE (last birthday): 79 — 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): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Hungary

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Phillip Young

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE:

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.: no

17. INFORMANT: Address: Mrs. M. Ross-7354 Tulane

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): arteriosclerotic heart disease with acute congestive failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): ~~Gen. arteriosclerosis~~ — years

DUE TO (c): 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Severe anemia, cause undetermined

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 1940, to 4/24/61 and last saw her alive on 4/23/61
Death occurred at 1:50 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Max S. Franklin MD

22b. ADDRESS: 607 N. Grand

22c. DATE SIGNED: 4/24/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 4/26/61

23c. NAME OF CEMETERY OR CREMATORY: Cem. United Hebrew Temple

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: Herman Rindskopf, Inc. ADDRESS: 5216 Delmar

25. DATE RECD. BY LOCAL REG.: APR 24 1961

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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 Peter B. Buchsmuller

Licensed Embalmer No. 369

P. O. Address St Louis

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.