

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-015889
STATE FILE NUMBER

AMENDED Registration District No. 317 Primary Registration District No. 548 Registrar's No. 1045

DATE AMENDED
 INSTEAD OF THIS RECORD ARE AS FOLLOWS
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. LOUIS			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) WEBSTER GROVES,		Length of stay in 1b 697 days	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 hospital name) GLENWOOD HOME & HOSPITAL			d. STREET ADDRESS (If outside, give location) 5370 Pershing Ave		Reside on farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LOTTIE Middle Last FRIEDBERG			4. DATE OF DEATH Month 4 Day 17 Year 61			
5. SEX female	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/3/78	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and state or country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Silverman		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Samuel (Deceased)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			17. INFORMANT Major Karl Freidberg St. Louis Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) G I bleeding uremic gastritis DUE TO (b) 543x DUE TO (c) generalized arteriosclerosis with hyper-					INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) glaucoma, senile cataracts, chronic brain syndrome					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 Month, Day, Year a.m. p.m.			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.)		20f. CITY, TOWN, OR LOCATION March 22-1959		COUNTY STATE		
21. I attended the deceased from 1:15 a.m. 1961 to April 17-61 and last saw her alive on April 17-61 Death occurred at 1:15 a.m. 1961 on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Name or title) Thomas T. Joseph			22b. ADDRESS 1300 Grant Rd.		22c. DATE SIGNED 4-17-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 4/17/61	23c. NAME OF CEMETERY OR CREMATORY Adath Joseph		23d. LOCATION (City, town, or county) (State) St. Joseph Mo.		
24. FUNERAL DIRECTOR Mayer 4356 Lindell Balb St. Louis Mo.		25. DATE RECD. BY LOCAL REG. 4-17-61		26. REGISTRAR'S SIGNATURE John C. Murphy 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 John J. Harris

Licensed Embalmer No. 4108

P. O. Address St. Louis, Mo.

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.