SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-016069

STATE FILE NUMBER

AMENDED ✓ Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1083

FILED APR 24 1961

1. PLACE OF DEATH a. COUNTY: St Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton — Length of stay in 1b: MINS.	c. CITY OR TOWN: University City — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Louis County Hosp. — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): 5 Deldrest Court — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: JACOB	Middle:	Last: WASSERMAN	4. DATE OF DEATH Month: April	Day: 18	Year: 1961
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 1/15/05	9. AGE (last birthday): 56	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): Executive	10b. KIND OF BUSINESS OR INDUSTRY: Toy	11. BIRTHPLACE (City and state or country): St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY: U.S.A.		
13a. FATHER'S NAME: Abraham Wasserman	13b. MOTHER'S MAIDEN NAME: Mollie Gellman	14. NAME OF HUSBAND OR WIFE: Sarah Wasserman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: Unk.	17. INFORMANT Address: Mrs. J. Wasserman-5 Delcrest Ct.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial Infarction	minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis of Coronary Aa.	History 3-5 yrs
DUE TO (c)	Diabetes Mellitus	History 3-5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Kimmelstiehl-Wilson Syndrome

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 Feb 3 1960, to April 18 1961 and last saw her/him alive on April 15 1961

Death occurred at about 9:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ray David Williams MD	22b. ADDRESS: 114 No Taylor St Louis 8 MO	22c. DATE SIGNED: 19 Apr 61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 4/20/61	23c. NAME OF CEMETERY OR CREMATORY: Chesed Shel Emeth Cem.
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.		
24. FUNERAL DIRECTOR ADDRESS: Herman Rindskopf, Inc. 5216 Delmar	25. DATE RECD. BY LOCAL REG.: 4-20-61	26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — ITEM NO. — 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 John Kelly

Licensed Embalmer No. 3880

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.