SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-019043
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4615

FILED MAY 19 1961

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 (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jewish Hospital
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3127 Bell Avenue
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Rothchild Middle: Last: Hall
4. DATE OF DEATH: Month 5 Day 12 Year 1961
5. SEX: Male
6. COLOR OR RACE: Colored
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 2-12-1895
9. AGE (last birthday): 66
IF UNDER 1 YEAR: Months 3 Days 0
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stock Clerk
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Louisana
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Wormsley
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Hollis Hunter Address: 3310 Belt Avenue

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) PULMONARY EMBOLUS — INTERVAL BETWEEN ONSET AND DEATH: 10 MIN.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) THROMBOPHLEBITIS OF DEEP LEG VEINS — 21 DAYS
DUE TO (c) 463 x H
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) POST OPERATIVE RESECTION OF RIGHT PAROTID GLAND FOR EPIDERMOID CARCINOMA
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 10 APRIL '61, to 12 MAY 61 and last saw him alive on 12 MAY 61
Death occurred at 9:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22. SIGNATURE (Degree or title): Andrew McCance MD
22b. ADDRESS: 216 S. Kingshighway St. Louis, Mo.
22c. DATE SIGNED: 15 MAY 61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 5-18-1961
23c. NAME OF CEMETERY OR CREMATORY: Washington Park
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri
24. FUNERAL DIRECTOR: Ellis Funeral Home, Inc. ADDRESS: 2820 Stoddard St.
25. DATE RECD. BY LOCAL REG.: MAY 16 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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address [illegible]

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.