MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

61-022590
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6028

FILED JUL 7 1961

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 5 hrs.
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: St. Louis
c. CITY OR TOWN: Richmond Hgts.
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1178 Moorlands
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: FANNIE Middle: Last: GILLMAN
4. DATE OF DEATH Month, Day, Year: June 28, 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5/5/1878
9. AGE (last birthday): 83
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Russia
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Aaron Schmuckler
13b. MOTHER'S MAIDEN NAME: Eva (unknown)
14. NAME OF HUSBAND OR WIFE: Charles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT Address: Mrs. Louis R. Levy 110 Crandon Drive

MEDICAL CERTIFICATION

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	5 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis of cerebral vessels	5 years
DUE TO (c)	Arteriosclerotic + Hypertensive Heart Disease	10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.0

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 1944 to 6/28/61 and last saw her/him alive on 6/28/61
Death occurred at 4:30 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Llewellyn Sale Jr M.D. (Degree or title)
22b. ADDRESS: 100 N. Euclid
22c. DATE SIGNED: 6/28/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6/29/1961
23c. NAME OF CEMETERY OR CREMATORY: Chesed Shel Emeth
23d. LOCATION (City, town, or county) (State): University City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Berger Memorial 4715 McPherson Avenue
25. DATE RECD. BY LOCAL REG.: JUN 28 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

ITEM NO. SHOULD READ INSTEAD OF BY AFFIDAVIT OF DOCUMENT

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_____

Licensed Embalmer No. 8988

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.