

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046705

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**, Primary Registration District No. **1003**, Registrar's No. **11643**, STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

FILED DEC 21 1961

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. CITY OR TOWN **University City** Inside Limits Yes No
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Jewish Hospital** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **7351 Pershing Ave.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **DAVID** Middle **BARRISH** Last **OBERMAN** 4. DATE OF DEATH Month **December** Day **13** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **12/16/98** 9. AGE (last birthday) **62** IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Grocer** 10b. KIND OF BUSINESS OR INDUSTRY **Grocery** 11. BIRTHPLACE (City and state or country) **Russia** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Mary Oberman**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Unk.** 16. SOCIAL SECURITY NO. **Unk.** 17. INFORMANT **Mrs. D. Oberman-7351 Pershing Ave.** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **myocardial infarction**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **420.1**
 DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 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 **4-7-57 1957** to **present** and last saw ^{her}him alive on **Nov. 26, 1961**
 Death occurred at **10 - pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Michael M. Karl, M.D.** 22b. ADDRESS **4652 Maryland Ave.** 22c. DATE SIGNED **12-14-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **12/15/61** 23c. NAME OF CEMETERY OR CREMATORY **Chesed Shel Emeth Cem. St. Louis County, Mo.** 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR **Herman Rindskopf, Inc. 5216 Delmar** ADDRESS 25. DATE RECD. BY LOCAL REG. **DEC 14 1961** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

ITEM NO.

BY AFFIDAVIT OF

1113

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 Kettles
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.