

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-003562
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1096

AMENDED

FILED FEB 2 1962

1. PLACE OF DEATH
a. COUNTY

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) OR TOWN St. Louis Length of stay in 1b 50 yrs. c. CITY OR TOWN St. Louis Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp. Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 1438 E. Grand Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
SAM Burstein Jan. 24, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Unk. 9. AGE (last birthday) ab. 87 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dealer 10b. KIND OF BUSINESS OR INDUSTRY Scrap Metal 11. BIRTHPLACE (City and state or country) Russia 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Gedaliah Burstein 13b. MOTHER'S MAIDEN NAME Golda (unk) 14. NAME OF HUSBAND OR WIFE Edda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Helen Sherman Address 1159 Burch Lane

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia INTERVAL BETWEEN ONSET AND DEATH 2 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Parkinson's disease
DUE TO (c) 350X

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 1-22-62 to 1-24-62 and last saw her/him alive on 1-24-62
Death occurred at 2 Am 1-24-62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Type or print) Donald D. Moore MD 22b. ADDRESS 9332 Berry Ave 22c. DATE SIGNED 1-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Rem. 23b. DATE 1/25/62 23c. NAME OF CEMETERY OR CREMATORY Chevra Kadisha 23d. LOCATION (City, town, or county) (State) University City, Mo.

24. FUNERAL DIRECTOR ADDRESS Berger Memorial 4715 c'heroso Nl 25. DATE RECD. BY LOCAL REG. JAN 25 1962 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Edward J. Davis*

Licensed Embalmer No. 3988

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.