

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-003745
1040 STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1040

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 lb 35 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 osp. Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 5719 Waterman Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Dorothy Fitter

4. DATE OF DEATH Month Day Year 1 23 62

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Unk. 9. AGE (last birthday) 65 55 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) Emp. opt. Store 10b. KIND OF BUSINESS OR INDUSTRY Candy Manf. 11. BIRTHPLACE (City, and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY US^A

13a. FATHER'S NAME S. m Graber 13b. MOTHER'S MAIDEN NAME Gussie (unk) 14. NAME OF HUSBAND OR WIFE Edward

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. Unk. 17. INFORMANT Mrs. Fitter 5719 Waterman 5719 Waterman 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) Carcinoma of Breast with generalized Metastases INTERVAL BETWEEN ONSET AND DEATH 15 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 170X 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 Month, Day, Year a.m. p.m.

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 10, 1961 to Jan 23, 1962 and last saw her alive on Jan. 23, 1962. Death occurred at 8:40 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Murray Chinsky, M.D. 22b. ADDRESS 6223 Natural Bridge 22c. DATE SIGNED 1/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Rem. 23b. DATE 1/21/62 23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth 23d. LOCATION (City, town, or county) University City, Mo. (State)

24. FUNERAL DIRECTOR ADDRESS Berger Memorial 4715 mCPerson 25. DATE RECD. BY LOCAL REG. JAN 23 1962 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DATE AMENDED 5-29-72
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 *James D. Jandberg*

Licensed Embalmer No. 4559

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.