

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008061

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2482 STATE FILE NUMBER

FILED MAR 15 1962

VS 300 Rev. 4/59	DATE AMENDED
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4002-3	
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64	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
	INSTEAD OF
	DOCUMENT
	MEDICAL CERTIFICATION
	BY AFFIDAVIT OF
	ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <u>St. Louis</u>		Length of stay in 1b <u>10 days</u>	
c. FULL NAME OF (if NOT in hospital, give location) <u>Jewish Hosp.</u>		d. STREET ADDRESS (if outside, give location) <u>7546 Buckingha m</u>	
3. NAME OF DECEASED (Type or print) First <u>FRANCES</u> Middle <u>FRIEDMAN</u> Last		4. DATE OF DEATH Month <u>Mar.</u> Day <u>2,</u> Year <u>1962.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/14/1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Lithuania</u>
13a. FATHER'S NAME <u>Rubin Sherman</u>		14. NAME OF HUSBAND OR WIFE <u>Morris</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>Mrs. ^Uoldie Satz 7546 Buckingham</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Arterio-sclerotic Heart Dis</u> DUE TO (c) <u>4200</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>6:00</u> a.m. p.m. Month, Day, Year <u>March 2, 1962</u>		20f. CITY, TOWN, OR LOCATION <u>St. Louis, MO</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Ladue Mo.</u>	
21. I attended the deceased from <u>1960</u> and last saw her <u>March 2, 1962</u> alive on <u>March 2, 1962</u> . Death occurred at <u>6:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Mrs. Kinstern MD.</u>		22b. ADDRESS <u>St. Louis, 5, MO</u>	
22c. DATE SIGNED <u>3-3-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Beth Hamedrosh Hagodol</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem.</u>		23b. DATE <u>3/4/62</u>	
23d. LOCATION (City, town, or county) (State) <u>Ladue Mo.</u>		24. FUNERAL DIRECTOR ADDRESS <u>Berger Memorial 4715 McPherson</u>	
25. DATE RECD. BY LOCAL REG. <u>MAR 4 1962</u>		26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>	

USE BLACK INK OR TYPEWRITER RIBBON

APR 17 1967

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 *Arthur G. Indwag*
Licensed Embalmer No. 4229

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.