

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020501

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5102 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

2009

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

<p>FILED MAY 31 1962</p> <p>1. PLACE OF DEATH a. COUNTY</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u></p>					
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u></p>		<p>Length of stay in 1b</p>	<p>c. CITY OR TOWN <u>Clayton</u></p>		<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jewish Hospital</u></p>		<p>Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>d. STREET ADDRESS (If outside, give location) <u>7514 Buckingham Dr.</u></p>		<p>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>3. NAME OF DECEASED (Type or print)</p> <p>First <u>MICHEL</u> Middle <u>(HERSCOVITZ)</u> Last <u>HERSH</u></p>			<p>4. DATE OF DEATH</p> <p>Month <u>May</u> Day <u>19</u> Year <u>1962</u></p>				
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>2/26/81</u></p>	<p>9. AGE (last birthday) <u>81</u></p>	<p>IF UNDER 1 YEAR Months Days Hours Min.</p>		
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Employee</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>Romania</u></p>		<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>	
<p>13a. FATHER'S NAME <u>Beryl Herscovitz</u></p>			<p>13b. MOTHER'S MAIDEN NAME <u>Rachel Serata</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Deborah N. Hersh</u></p>		
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)</p>			<p>16. SOCIAL SECURITY NO. <u>Unk.</u></p>		<p>17. INFORMANT Address <u>Abe Weenick 7514 Buckingham</u></p>		
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p>							
<p>IMMEDIATE CAUSE (a) <u>Acute Pulmonary Edema</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u></p>							
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>							
<p>DUE TO (b) <u>arteriosclerotic heart disease 5 yrs</u></p>							
<p>DUE TO (c) <u>420.0</u></p>							
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>				<p>PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>			
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>					
<p>20c. TIME OF INJURY Hour a.m. p.m.</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>					
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION</p>		<p>COUNTY STATE</p>			
<p>21. I attended the deceased from <u>1942</u> to <u>May 19, 1962</u> and last saw ^{her} him alive on <u>May 18, 1962</u> Death occurred at <u>11:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>							
<p>22a. SIGNATURE (Degree or title) <u>Melvin B. Kustein MD</u></p>			<p>22b. ADDRESS <u>St Louis 5 Mo</u></p>		<p>22c. DATE SIGNED <u>5-19-62</u></p>		
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u></p>		<p>23b. DATE <u>5/21/62</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth Cem.</u></p>		<p>23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u></p>		
<p>24. FUNERAL DIRECTOR ADDRESS <u>Herman Rindskopf, Inc. 5216 Delmar</u></p>			<p>25. DATE RECD. BY LOCAL REG. <u>MAY 21 1962</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u></p>		

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 Ketter
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.