

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020931

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5555 STATE FILE NUMBER

FILED JUN 15 1962

VS 300 Rev. 4/59

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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

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 3 1/2 Mos.

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) 7156a Amherst Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
SARAH ROUDMAN June 2, 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-8-1915 9. AGE (last birthday) 47 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and state or country) E. St. Louis, Ill. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Jake Lasky 13b. MOTHER'S MAIDEN NAME Eva Lasky 14. NAME OF HUSBAND OR WIFE Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. [Redacted] 17. INFORMANT Address Morris Roudman 7156a Amherst

18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hodgkins Disease INTERVAL BETWEEN ONSET AND DEATH 20 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bronchopneumonia 1 week
DUE TO (c) 201x

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 N- 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 1942 to June 2, 1962 and last saw her/him alive on June 1, 1962
Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Llewellyn Sale Jr M.D. 22b. ADDRESS 100 N. Euclid Ave. 22c. DATE SIGNED 6/3/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 6/4/1962 23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth 23d. LOCATION (City, town, or county) (State) University City, Missouri

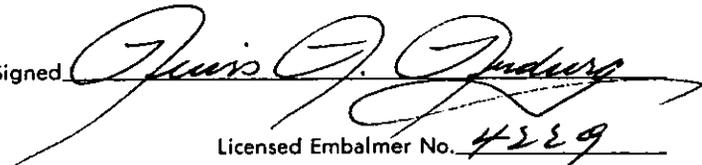
24. FUNERAL DIRECTOR ADDRESS Berger Memorial 4715 McPherson Avenue 25. DATE RECD. BY LOCAL REG. JUN 4 1962 26. REGISTRAR'S SIGNATURE Alan Smith. M.D.

USE BLACK INK OR TYPEWRITER RIBBON

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 
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.