

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 1445 STATE FILE NUMBER 62-021214

**FILED MAY 21 1962**

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

ITEM NO. SHOULD READ

USE BLACK INK OR OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>University City</b>		c. CITY OR TOWN <b>University City</b>	
Length of stay in lb <b>4 yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>714 Interdrive</b>		d. STREET ADDRESS (If outside, give location) <b>714 Interdrive</b>	
3. NAME OF DECEASED (Type or print) First <b>ANNA.</b> Middle <b>BAKER</b> Last		4. DATE OF DEATH <b>May 10, 1962</b> Month <b>May</b> Day <b>10</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Unk.</b>
9. AGE (last birthday) <b>Abt. 76</b>		IF UNDER 1 YEAR Months <b>76</b> Days	IF UNDER 24 HR Hours <b>76</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Lithuania</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Morris Goller</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah (unk)</b>		14. NAME OF HUSBAND OR WIFE <b>Israel</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Israel Baker 714 Interdrive</b> 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) <b>Coronary Arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>16 yrs</b>
DUE TO (b) <b>Arteriosclerotic C-V Disease</b>			<b>16 yrs</b>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cardiac Decompensation</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 <b>6:50 A</b> Month, Day, Year <b>6/19/46</b> s.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>650 A</b> COUNTY STATE
21. I attended the deceased from <b>6/19/46</b> to <b>5/10/62</b> and last saw him alive on <b>4/2/62</b>		Death occurred at <b>650 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Miss Clef</i>		22b. ADDRESS <b>3720 Washington Ave</b>	22c. DATE SIGNED <b>5/10/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Bur</b>	23b. DATE <b>5/11/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>chevra Kadisha</b>	23d. LOCATION (City, town, or county) (State) <b>University City, Mo.</b>
24. FUNERAL DIRECTOR <b>Berger Memorial 4715 44th Pherson</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>5-10-62</b>	26. REGISTRAR'S SIGNATURE <i>John B. Murphy M.D.</i>

**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 *[Handwritten Signature]*  
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.