MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 62-037172

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2744

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2			10/24/62
4	9/24/62	9/23/62	

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ladue — Length of stay in Ib YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 Sunningdale Lane — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Ladue — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4 Sunningdale Lane — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First BLOSSOM Middle APPLE Last PORTNOY
4. DATE OF DEATH Month Sept. Day 24, ~~23~~, Year 1962
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4/1/1918
9. AGE (last birthday) 44 — 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) At home
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Lewis T. Apple
13b. MOTHER'S MAIDEN NAME Rosalind Bry
14. NAME OF HUSBAND OR WIFE R. Joyce Portnoy
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. no
17. INFORMANT R. Joyce Portnoy — Address 4 Sunningdale Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Barbiturate poisoning
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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.) Ingestion of overdose of barbiturates
20c. TIME OF INJURY Hour ~~p.m.~~ Month, Day, Year 9/22/62
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.) home (bedroom)
20f. CITY, TOWN, OR LOCATION Ladue COUNTY St. Louis STATE Missouri
21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 2:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Raymond Hand (Degree or title) Coroner
22b. ADDRESS Clayton, Missouri
22c. DATE SIGNED 10/1/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/25/62
23c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery
23d. LOCATION (City, town, or county) St. Louis County, Missouri (State)
24. FUNERAL DIRECTOR Herman Rindskopf, Inc. ADDRESS 5216 Delmar
25. DATE RECD. BY LOCAL REG. 9-24-62
26. REGISTRAR'S SIGNATURE John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Funeral Director & Coroner DOCUMENT

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 Peter B. Dubrouillet

Licensed Embalmer No. 3691

P. O. Address St Louis, MO

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.

mo.