

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045128

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10729**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in 1b 3 mths.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 108 No. Kings Highway Ambassador Hotel				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ALBERT Middle ZWIBELMAN Last						4. DATE OF DEATH Month Nov. Day 6, Year 1962					
5. SEX Male		6. COLOR OR RACE Cauc.		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 9/18/1915		9. AGE (last birthday) 47		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Sales Supervisor				10b. KIND OF BUSINESS OR INDUSTRY Wholesale Liquor		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Harry Zwibelman				13b. MOTHER'S MAIDEN NAME Beckie Berger				14. NAME OF HUSBAND OR WIFE --			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. 2.						16. SOCIAL SECURITY NO. [Redacted]		17. INFORMANT Address Chas. Zwibelman 7024 Amherst			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. DUE TO (b) Coronary atherosclerosis DUE TO (c) Generalized arteriosclerosis										INTERVAL BETWEEN ONSET AND DEATH 4 weeks years years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201								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 checked="" type="checkbox"/> NO <input 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 a.m. p.m.		Month, Day, Year									
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		COUNTY		STATE	
21. I attended the deceased from 10/10/62 to 11/6/62 and last saw him alive on 11/6/62 Death occurred at 7:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE May S. Franklin (Degree or title) M.D.						22b. ADDRESS 607 N. Grand Ave.			22c. DATE SIGNED 11/8/62		
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		23b. DATE 11/8/62		23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth			23d. LOCATION (City, town, or county) University City, Mo.			(State)	
24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson ADDRESS						25. DATE RECD. BY LOCAL REG. NOV 8 1962		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.			

FILED NOV 19 1962

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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 *Quinn J. Anderson*
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.