MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048744

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12539

FILED JAN 10 1963

DO NOT WRITE ON THIS STUB

AMENDED

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis Mo.
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3450 Russell Blvd
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: University City
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 6309 Cates
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First PAUL Middle Last SHULOFF

4. DATE OF DEATH: Month 12 Day 27 Year 62

5. SEX: male

6. COLOR OR RACE: W.

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 6/22/72

9. AGE (last birthday): 90

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): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Jewerly

11. BIRTHPLACE (City and state or country): Bohomia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Moritz Shuloff

13b. MOTHER'S MAIDEN NAME: Popper

14. NAME OF HUSBAND OR WIFE: Mimi K. Shuloff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Mimi Shuloff Address: 6309 Cates

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): Heart Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerotic Cardiovascular Disease
DUE TO (c): 422.1

INTERVAL BETWEEN ONSET AND DEATH: 1 day unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral arteriosclerosis

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.)

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 Dec 18, 1962, to Dec. 27, 1962 and last saw ~~her~~ him alive on Dec. 27, 1962
Death occurred at 2:05 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jason Birenbaum, M.D.

22b. ADDRESS: 4919 Forest Park Blvd.

22c. DATE SIGNED: 12/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

23b. DATE: 12/30/62

23c. NAME OF CEMETERY OR CREMATORY: Valhalla

23d. LOCATION (City, town, or county): 7400 St. Charles (State) Mo.

24. FUNERAL DIRECTOR: Mayer ADDRESS: 4356 Lindell Blvd

25. DATE RECD. BY LOCAL REG.: DEC 29 1962

26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.

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_____ Signed Harvey Kahle

Signature of Student Embalmer

Licensed Embalmer No. 4596

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.

Dr. Breeden
4919 E Park