

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

121-72-163-045243
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

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

FILED DEC 12 1963

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

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>2 yrs</u>	c. CITY OR TOWN <u>St. Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Parkside Manor</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>6429 Loughborough Ave</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>WARD DOUGLAS BOOTH</u>			4. DATE OF DEATH Month Day Year <u>December 9, 1963</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/29/1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>piano technician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>musical instruments</u>	9. AGE (last birthday) <u>81</u>
11a. FATHER'S NAME <u>Isaac W. Booth</u>		11b. MOTHER'S MAIDEN NAME <u>Emma unk</u>	11c. NAME OF HUSBAND OR WIFE <u>Elvira Apel</u>
12. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or date) <u>no</u>		13. RITY NO. <u>721</u>	14. INFORMANT Address <u>Mrs. Joyce Newman, 6429 Loughborough</u>
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>one day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u>			
DUE TO (c) <u>331x</u>			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
16. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	17a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	17b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
18. TIME OF INJURY Hour a.m. p.m.	19. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>Dec. 1, 1963</u> to <u>Dec. 9, 1963</u> and last saw ^{her} him alive on <u>Dec. 8, 1963</u> Death occurred at <u>10:00 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Jean Brenbaum M.D.</u>		22b. ADDRESS <u>7171 Selman Blvd. St. Louis 8, Mo</u>	22c. DATE SIGNED <u>12/9/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>12/9/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wander's Rest Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Milwaukee, Wisconsin</u>
24. FUNERAL DIRECTOR ADDRESS <u>BEIDERWIEDEN F.H. INC., 3620 Chippewa St.</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 9 1963</u>	26. REGISTRAR'S SIGNATURE <u>Karl Smith M.D.</u>

Dr. Aaron Birenbaum,
7171 Delmar Blvd.

FD 1-2600

1-3 pm.

DE 3-5858-

My - 4 - 7 1 1/3.
2 R. K. K. K. K.

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 Homer H. Jintz

Licensed Embalmer No. 3882

P. O. Address St. Louis

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.