

RELEASED BY MEDICAL EXAMINER, DR. PEITY AS NON-MED. FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undermined cause; (5) Decided was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M 2220

BIRTH NO. 65 3285		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 65 3285	
M.E. CASE NO. L.		CERTIFICATE OF DEATH		DATE AND HOUR OF DEATH 8-25-65 11:45 A.M.	
1. NAME OF DECEASED (Type or print) DR. BERTIE MOSES		2. DATE AND HOUR OF DEATH			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission)		5. A. STATE MARYLAND	
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) THE JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE 16		D. STREET ADDRESS (If rural, give location) XXXX 2800 LAWINA Rd. 16	
5. SEX FEMALE	6. RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) SINGLE	8. DATE OF BIRTH 12-21-93	9. AGE (In years last birthday) 71	10. If Under 1 Yr. Months: Days If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHYSICIAN		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME BERNARD MOSES		14. MOTHER'S MAIDEN NAME BERTHA MANKO		12. CITIZEN OF WHAT COUNTRY?	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no, unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Walter Hollander	
18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 1701 I METASTATIC CARCINOMA OF THE BREAST		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH ?	
II. ANTECEDENT CAUSES		(A) DUE TO		(B) DUE TO	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) - stating the UNDERLYING CONDITION last.		(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 8-25-65		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20A. AUTOPSY? (Yes or No) YES	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (Indicate medical examination) <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give street location)	
21D. TIME OF INJURY (APPROX) (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED <input type="checkbox"/> White <input type="checkbox"/> Not White <input checked="" type="checkbox"/> At Work		21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) attended the deceased from 3-25-65 19 to 3-25-65 19 that (I) (we) last saw the deceased alive on 3-25-65 11:45AM and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.					
23A. SIGNATURE M.W. [Signature]		M.D. Attending Phys. <input type="checkbox"/> Med. Director <input type="checkbox"/> Staff Phys. <input checked="" type="checkbox"/>		23B. DATE SIGNED 8-26-65	
23C. PHYSICIAN'S NAME (Type) MARTIN S. FEIGENBAUM		23D. ADDRESS M.D. JOHNS HOPKINS HOSPITAL			
24A. BURIAL, CREMATION, 24B. DATE 3/29/1965		24C. NAME OF CEMETERY OR CREMATORY Landon Park Crematory		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
25A. DATE REC'D BY HEALTH DEPT. MAR 29 1965		25B. NAME OF REGISTRAR R. E. [Signature]		25C. MEDICAL DIRECTOR [Signature]	
25D. ADDRESS 21217					