

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7735

State File No. ....

FILED MAR 17 1943

Primary Registration District No. 111

Registrar's No. 373

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town Clayton  
(If outside city or town limits, write "RURAL.")

(d) Street No. 6322 N. Rosebury  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Waldman

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gertrude Waldman

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

about 50 -- -- hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Circuit Clerks Office

MOTHER FATHER { 12. Name Samuel Waldman

13. Birthplace Austria  
(City, town, or county) (State or foreign country)

14. Maiden name Ethel Schwartz

15. Birthplace Austria  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joseph Waldman

(b) Address 6322 N. Rosebury Blvd.

17. (a) Burial (b) Date thereof 2-14-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director H. Rindorff

(b) Address 5216 Delmar Blvd.

19. (a) FEB 15 1943 (b) E. W. Mc. Lanan  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct 1 1942 to Jan 7 1943  
that I last saw him in alive on Jan 7 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary sclerosis

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy gpa

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address [Address] Date signed [Date]

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

96  
2  
3

70578

757

**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.....  
..... Registered Apprentice No.....  
working under my personal supervision.

Signed C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Belmar

**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 this body is not embalmed, fact should be so stated above.**