

MISSOURI DEPARTMENT OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

**28362**

State File No. \_\_\_\_\_

Registrar's No. **7779**

Registration District No. **318**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**6111 Washington Ave.**  
(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)

3. (a) PRINT FULL NAME **GOLDIE YAFFE**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Max Yaffe** 6. (c) Age of husband or wife if alive **72** years  
7. Birth date of deceased **Unknown**  
(Month) (Day) (Year)

8. AGE: Years **About 68** Months **-** Days **-**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Russia**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **At home**

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name **Unknown**  
13. Birthplace **Russia**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Russia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Louis Yaffe**  
(b) Address **818 Olive Street**

17. (a) **Burial** (b) Date thereof **9-3-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Chesed Shel Emeth Cem.**

18. (a) Signature of funeral director **Herman Rindskopf, Ind.**  
(b) Address **5216 Delmar Blvd.**

19. (a) **SEP 3 1948** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6111 Washington Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Sept.** day **1**  
year **1948** hour **5** minute **00** P.M.

21. I hereby certify that I attended the deceased from **8/28** to **9/1/48**  
that I last saw her alive on **9/1/48** and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

**Coronary thrombosis**

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

Due to **9/1/48**

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

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

Of autopsy \_\_\_\_\_

**PHYSICIAN**

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? \_\_\_\_\_

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

23. Signature **Dr. M. J. Press** (M. D. or other) \_\_\_\_\_  
Address **Mo. Theatre Bldg.** Date signed **9/2/48**

70-0450

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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.....

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

Signed *John Ketter*

Licensed Embalmer No. 3880

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