

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28088

318

1003

7646

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital 11
d. STREET ADDRESS (If rural, give location) 6 5965 Lotus Ave.

3. NAME OF DECEASED a. (First) Kate b. (Middle) Goldman c. (Last) Goldman 4. DATE OF DEATH (Month) (Day) (Year) 9/1/49

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Unknown 9. AGE (In years last birthday) 81 10. IF UNDER 1 YEAR Months 11. IF UNDER 24 HRS. Hours 58

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Russia 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Abraham Goldman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose Seltzer-5965 Lotus ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Stomach DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Heart
INTERVAL BETWEEN ONSET AND DEATH weeks 1 yr years

19a. DATE OF OPERATION 1948 19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach. 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 46 Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 157X

22. I hereby certify that I attended the deceased from 8/27, 1948, to 9/1, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter E. Stover M.D. 23b. ADDRESS 539 N. Grand. 23c. DATE SIGNED 9/3/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9/2/49 24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem. 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. SEP 3 1949 REGISTRAR'S SIGNATURE J. B. Gasater 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rudehoff, Inc - 5216 Delmar

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

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.

Signed.....
Student Embalmer

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.