

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18210
4622

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jewish Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Univ. City
d. STREET ADDRESS (If rural, give location) 6817 Plymouth 33560

3. NAME OF DECEASED
a. (First) GERTRUDE b. (Middle) _____ c. (Last) GOLDBLUM
4. DATE OF DEATH (Month) (Day) (Year) May 23, 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 12, 1901 9. AGE (In years last birthday) 48 If UNDER 1 YEAR Months 10 Days 11 If UNDER 12 HRS. Hours Min.

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) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Abraham Cohen 13b. MOTHER'S MAIDEN NAME Lena Silverstein 14. NAME OF HUSBAND OR WIFE Harry Goldblum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Harry Goldblum-6817 Plymouth ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia
ANTECEDENT CAUSES DUE TO (b) Hypertension - Arterio-sclerosis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Myocardial infarction
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial infarction - diabetes mellitus
INTERVAL BETWEEN ONSET AND DEATH 1 mo. 1 year 3 mo. 1 year

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g. In or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

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

22. I hereby certify that I attended the deceased from April 5, 1950, to May 23, 1950, that I last saw the deceased alive on May 23, 1950, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. W. Sab MD 23b. ADDRESS 4500 Olive 23c. DATE SIGNED 5/24/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5/25/50 24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE RECD BY LOCAL HEALTH DEPT. MAY 25 1950 REGISTRAR'S SIGNATURE J. B. Fosater 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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

U. W. Sab

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

John Kelly
Licensed Embalmer No. 3880

Signed.....
Student Embalmer

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.