

FILED AUG 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28223

| | | | | | | | | | |
|---|--|---|---------------------------------------|--|---|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>6990</u> | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____ | | | | | |
| b. CITY OR TOWN <u>St. Louis</u> <small>(If outside corporate limits, write RURAL and give township)</small> | | c. LENGTH OF STAY (In this place) <u>45 yrs</u> | | c. CITY OR TOWN <u>St. Louis</u> <small>(If outside corporate limits, write RURAL and give township)</small> | | 2069 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hosp.</u> <small>(If not in hospital or institution, give street address or location)</small> | | | | STREET ADDRESS <u>5825a Terry</u> <small>(If rural, give location)</small> | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>HERMAN</u> | | | a. (First) | | b. (Middle) | | c. (Last) <u>GOLD</u> | | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>May 20, 1881</u> | | 9. AGE (In years last birthday) <u>69</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Cabinet Maker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>ixture</u> | | 11. BIRTHPLACE (State or foreign country) <u>USSR</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>Mayer Gold</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Unk.</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Sarah</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> <small>(If yes, give war or dates of service)</small> | | 16. SOCIAL SECURITY No. <u>491-16-5596</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Milton Gold</u> | | | | ADDRESS <u>5974 Highland</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <small>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</small> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Myocardial Infarction</u> DUE TO (c) <u>Arterio-sclerotic Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u> <u>years</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) <u>Mo.</u> | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>H2O</u> | | | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Aug 15</u> , 19 <u>50</u> , to <u>Aug 16</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Aug 16</u> , 19 <u>50</u> , and that death occurred at <u>2:15 P. m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Herman M. Meyer M. D.</u> <small>(Degree or title)</small> | | | | 23b. ADDRESS <u>508 N. Grace</u> | | | 23c. DATE SIGNED <u>8/17/50</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>8/18/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Chester Mel Smith</u> | | 24d. LOCATION (City, town, or county) (State) <u>University City Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>AUG 17 1950</u> | | REGISTRAR'S SIGNATURE <u>J. B. Foster</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial</u> ADDRESS <u>4715 McPherson</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Quinn A. Ludwig

Licensed Embalmer No. 4229

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.