

STANDARD CERTIFICATE OF DEATH

State File No. 10898

FILED MAR 19 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 329

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton	c. LENGTH OF STAY (In this place)	f. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights	4485
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Louis County Hospital		d. STREET ADDRESS (If rural, give location) 7338 Hoover	

3. NAME OF DECEASED (Type or Print) a. (First) Dorothy b. (Middle) Wissman c. (Last) Goldstein			4. DATE OF DEATH (Month) (Day) (Year) 2-6-1952		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH 8/6/78		9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) St Louis		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frederich Wissman		13b. MOTHER'S MAIDEN NAME Margaret Bohlman		14. NAME OF HUSBAND OR WIFE Jonas R. Goldstein Dec'd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Gertrude Steinman ADDRESS 5852 Itaska	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid Hemorrhage (Cerebral Vascular Accident) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Hypertensive Cardiovascular Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac decompensation		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X		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)	
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?	

22. I hereby certify that I attended the deceased from 2-6-1952, to 2-6-1952, that I last saw the deceased alive on 2-6-1952, and that death occurred at 6:10 m., from the causes and on the date stated above.

23a. SIGNATURE Mauri Tella, M.D. (Degree or title)		23b. ADDRESS 2601 S. Brentwood		23c. DATE SIGNED 2/6/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/9/52	24c. NAME OF CEMETERY OR CREMATORY St Peters Cemetery	24d. LOCATION (City, town, or county) (State) St Louis Mo.		
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DATE REC'D BY LOCAL REG. 7/7/52	REGISTRAR'S SIGNATURE Robert K. Winkler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert J. Ambruster, Inc. 6633 Clayton		
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WRITE PLAINLY—USING 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

*Ernest W. Spillers*

Signed.....

Student Embalmer

Licensed Embalmer No. *14080*

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.