

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30024**

FILED SEP 8 - 1952

8203

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		a. STATE <b>Missouri</b> b. COUNTY <b>2129</b>	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>ST. JOHNS HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>12 4501 Maryland Ave.</b>	

3. NAME OF DECEASED a. (First) <b>IDA</b> b. (Middle) <b>SEIDEL</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 29 1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Unknown</b>		9. AGE (In years last birthday) <b>Abt 69</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Russia 6</b>	

13a. FATHER'S NAME <b>Mortin Garfinkel</b>		13b. MOTHER'S MAIDEN NAME <b>Marion Lerner</b>		14. NAME OF HUSBAND OR WIFE <b>David Seidel</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>David Seidel - 4501 Maryland Ave.</b>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute myocardial infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>coronary arteriosclerosis</b>			2.
		DUE TO (c)			
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes mellitus</b>			many years

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>4201</b>	
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22. I hereby certify that I attended the deceased from July, 1950, to 8-28, 1952; that I last saw the deceased alive on 8-28, 1952; and that death occurred at 12:10 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Arthur K. Nusser M.D.</b>		23b. ADDRESS <b>3604 Washington</b>		23c. DATE SIGNED <b>8-29-52</b>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>AUG 31, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>B'Nai Amoona Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis County Mo</b>	
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DATE REC'D BY LOCAL REG. <b>AUG 30 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. Herman Rindskopf, Inc. 5216-12 Mac</b>	
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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

*Peter B. Dubrouillet*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3691*

P. O. Address *Richmond, Va*

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.