

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32975**
Registrar's No. **8413**

LED SEP 25 1952
BIRTH NO. _____

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MO b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 31 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 20 6 9		
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL			d. STREET ADDRESS (If rural, give location) 5621/2 Cote Brillante		
3. NAME OF DECEASED (Type or Print) a. (First) LEAF		b. (Middle)		c. (Last) GOLDSTEIN	
4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1952		5. SEX Female / 6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Unk ab. 1882		9. AGE (In years last birthday) ab. 70 yrs	
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 (City and State or Foreign Country) USSR 6	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Joseph Chasen		13b. MOTHER'S MAIDEN NAME Unk	
14. NAME OF HUSBAND OR WIFE Srol		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Jos. Goldstein		ADDRESS 7815 Gannon			
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy - Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 8 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Elevation of Blood Pressure 10 years DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 334X	
22. I hereby certify that I attended the deceased from Aug 29, 1952 to Sept 7, 1952 , that I last saw the deceased alive on Sept 6, 1952 , and that death occurred at 7:20 A. m. , from the causes and on the date stated above.					
23a. SIGNATURE Jerome O. Cook, M.D. (Degree or title)			23b. ADDRESS 4409 10. Pine		23c. DATE SIGNED Sept 7, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/8/52		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth	
24d. LOCATION (City, town, or county) (State) University City Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial ADDRESS 4715 McTherson			
DATE REC'D BY LOCAL REG. SEP 8 1952		REGISTRAR'S SIGNATURE Charles Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McTherson	

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.

Student

Student Embalmer

Signed _____

Frank J. Lanner

Licensed Embalmer No. 4788

P. O. Address W. Lewis, Mo.

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.