

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19136**  
Registrar's No. **5195**

FILED JUN 4 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6240 Rosebury</b>		e. STREET ADDRESS (If rural, give location) <b>6240 Rosebury</b>	

3. NAME OF DECEASED (Type or Print) <b>Rae Agatstein</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 24-1953</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>June 21-18-1872</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>3</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 (City and State or Foreign Country) <b>Cincinnati Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Samuel Goldman</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Isaac Agatstein</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Sylvan Agatstein</b>	ADDRESS <b>4923 Leigh Rd.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Rectum</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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 <b>4 yrs ago</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of rectum</b>	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? <b>154X</b>

22. I hereby certify that I attended the deceased from **1948**, to **May 24, 1953**, that I last saw the deceased alive on **May 23, 1953**, and that death occurred at **5 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Herman M. Meyer M.D.</b>	23b. ADDRESS <b>4409 West Pine</b>	23c. DATE SIGNED <b>5/24/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 25-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Sinal Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>MAY 25 1953</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MO</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman Rindberg</b>	ADDRESS <b>5216 Dillman</b>
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(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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Peter B. Dubrowaldt*

Licensed Embalmer No. *36*

P. O. Address *Richmond*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.