

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34516**

FILED OCT 9 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **247** Registrar's No. **2512**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2089	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 4 Days		d. STREET ADDRESS (If rural, give location) 1235 McLaran Avenue,	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) C. c. (Last) Goldstein		4. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-26-1860
9. AGE (In years last birthday) 93		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman		10b. KIND OF BUSINESS OR INDUSTRY Herman Oak Leth. Co.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Goldstein	13b. MOTHER'S MAIDEN NAME Christina Flehr	14. NAME OF HUSBAND OR WIFE Elizabeth Goldstein
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs Elizabeth Goldstein, 1235 McLaran Ave	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Volvulus Colon		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anxiety		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Volvulus Colon	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 19 50 to Sept 23, 19 53, that I last saw the deceased alive on Sept 23, 19 53, and that death occurred at 7:00A m., from the causes and on the date stated above.

23a. SIGNATURE <i>Max Wright J.</i>	(Degree or title) 0 M.D.	23b. ADDRESS 4161 Seward	23c. DATE SIGNED 9/24/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-25-1953	24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery.	24d. LOCATION (City, town, or county) (State) JENNISON MO.
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DATE REC'D BY LOCAL REG. 9/25/53	REGISTRAR'S SIGNATURE <i>Richard P. Sommers</i>	25. FUNERAL DIRECTOR'S SIGNATURE Math. Hermann & Son Inc.	ADDRESS 2161 E. Fair Ave.
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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
Student Embalmer

Signed *Glen W. Hayes* _____

Licensed Embalmer No. *3737* _____

P. O. Address *S. Paul, 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.