

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25507

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>1234</u>											
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u>				b. COUNTY <u>St. Louis</u>									
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Clayton</u>)				c. LENGTH OF STAY (In this place) <u>3 Years</u>		c. CITY OR TOWN <u>Clayton</u>				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 <u>6312 North Rosebury</u>				e. STREET ADDRESS (If rural, give location) <u>6312 North Rosebury</u>													
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Mary</u>			b. (Middle)			c. (Last) <u>Brodsky</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 25, 1954</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 26-1891</u>		9. AGE (In years, Months, Days) <u>63 1 29</u>		IF UNDER 24 HRS. Hours Min. _____							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>				12. CITIZENSHIP OF WHAT COUNTRY? <u>U. S. A.</u>					
13a. FATHER'S NAME <u>Julius Bierman</u>				13b. MOTHER'S MAIDEN NAME <u>Rose Refkin</u>				14. NAME OF HUSBAND OR WIFE <u>Gus Brodsky</u>									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>Unknown</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Gus Brodsky</u>				ADDRESS <u>6312 N Rosebury</u>					
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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Angina Pectoris</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>								INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>					
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>4201</u>					
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 <u>9/29</u> , 19 <u>47</u> , to <u>7/25</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7/24</u> , 19 <u>54</u> , and that death occurred at <u>8:15</u> m., from the causes and on the date stated above.																	
23a. SIGNATURE <u>Alfred J. Rindskopf</u>						23b. ADDRESS <u>6341 V. O. Road</u>						23c. DATE SIGNED <u>7/26/54</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>7-27-54</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>				24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>					
DATE REC'D BY LOCAL REG. <u>7/27/54</u>				REGISTRAR'S SIGNATURE <u>Richard B. Rindskopf</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard B. Rindskopf Inc</u>				ADDRESS <u>5212 Delmar</u>					

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 *Arthur B. Dubrouille*.....

Licensed Embalmer No. *389*.....

P. O. Address *J. H. Gray*.....

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.