

FILED FEB 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6173

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1133

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN E. St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hosp. 0		e. LENGTH OF STAY (in this place) 1 day	
		f. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		g. STREET ADDRESS (If rural, give location) 4000a Bond 81208	

3. NAME OF DECEASED (Type or Print) a. (First) JACOB b. (Middle) GOLDSTEIN c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Feb 5, 1955		
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5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid. 2	8. DATE OF BIRTH Oct. 4, 1873	9. AGE (In years) 81	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer	10b. KIND OF BUSINESS OR INDUSTRY Retail	11. BIRTHPLACE (City and State or Foreign Country) USSR 6	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME -----Goldstein	13b. MOTHER'S MAIDEN NAME -----	14. NAME OF HUSBAND OR WIFE Lillian
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 340-28-9696A	17. INFORMANT'S SIGNATURE OR NAME Morris Goldstein	ADDRESS 7486 Gannon
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
	ANTECEDENT CAUSES <u>Chrom Bronchectasis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			<u>15 yrs</u>
	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 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
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22. I hereby certify that I attended the deceased from Feb 4, 1955, to Feb 5, 1955, that I last saw the deceased alive on Feb 4, 1955, and that death occurred at 11 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. M. Frank</u>	23b. ADDRESS <u>3701 1/2 E. Tenth St.</u>	23c. DATE SIGNED Feb 7, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.	24b. DATE 2/8/55	24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth	24d. LOCATION (City, town, or county) (State) University City Mo.
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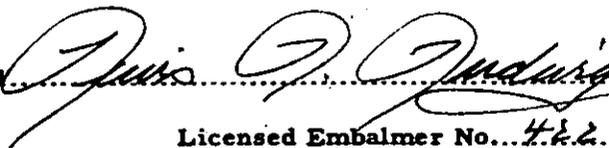
DATE REC'D BY LOCAL REG. FEB 7 1955	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial	ADDRESS 4715 McPherson
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....
Licensed Embalmer No... 482.

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.