

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13988

318

REG. DIST. NO. PRIMARY REG. DIST. NO.

1003

Registrar's No. 1962

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY St. Louis

c. CITY OR TOWN

4356 University City

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital

e. STREET ADDRESS

(If rural, give location)

7219 Olive St. Rd.

3. NAME OF DECEASED (Type or Print)

a. (First) HERMAN

b. (Middle) C.

c. (Last) WALDMAN

4. DATE OF DEATH (Month) (Day) (Year) March 2, 1955

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years last birthday) Months Days

Apt. 74

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Exec. Manager

10b. KIND OF BUSINESS OR INDUSTRY

Doors

11. BIRTHPLACE (City and State or Foreign Country)

Austria

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Sallie Waldman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Unk.

16. SOCIAL SECURITY NO.

Unk.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Mrs. Mort Ross 7354 Tulane Ave.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

Cerebral thrombosis

INTERVAL BETWEEN ONSET AND DEATH

5 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease

1 year

DUE TO (c) arteriosclerosis, generalized

years

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 NO

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) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

4200

22. I hereby certify that I attended the deceased from Jan. 1955, to March 2, 1955, that I last saw the deceased alive on March 2, 1955, and that death occurred at 4:45 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Max S. Franklin M.D.

23b. ADDRESS

44 St. 634 N. Grand

23c. DATE SIGNED

3/2/55

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

3/4/55

24c. NAME OF CEMETERY OR CREMATORY

Mt. Olive Cemetery

24d. LOCATION (City, town, or county) (State)

St. Louis co. Missouri

DATE REC'D BY LOCAL REG.

MAR 2 1955

REGISTRAR'S SIGNATURE

J. Carl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Herman Rindskopf Inc, 5216 Delmar Blvd

S.P.

(Licensed Embalmer's Statement on Reverse Side)

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

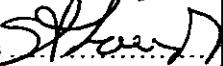
STATEMENT BY LICENSED EMBALMER

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 .....

Licensed Embalmer No. 36

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.