

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24733

State File No. \_\_\_\_\_

FILED JUL 21 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1521

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirkwood</u>		c. CITY OR TOWN <u>Olivette</u> <u>4380</u> <u>City</u>	
c. LENGTH OF STAY (In this place) <u>2 days</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>St. Joseph's Hospital</u>		STREET ADDRESS (If rural, give location) <u>9251 Old Bonhomme Road Mo</u>	
3. NAME OF DECEASED a. (First) <u>ALBERT</u> b. (Middle) <u>J.</u> c. (Last) <u>GINSBERG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 2 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>MAR. 25, 1900</u>
9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR (Month) (Day) <u>3 7</u>	IF UNDER 1 HR. (Hours) (Min.) _____	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DISTRICT MANAGER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LIQUOR</u>	
11a. FATHER'S NAME <u>ABRAHAM GINSBERG</u>		11b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
11c. NAME OF HUSBAND OR WIFE <u>BEATRICE B. GINSBERG</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. BEATRICE B. GINSBERG</u> ADDRESS <u>OLD BONHOMME</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>UNK.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		ANTECEDENT CAUSES		DUE TO (b)? <u>Arteriosclerotic Heart Disease</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 _____		19b. MAJOR FINDINGS OF OPERATION _____		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.) <u>4200</u>		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 7/2, 1955, to 7/2, 1955, that I last saw the deceased alive on 7/2/55, 1955, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank J. Catanzaro M.D.</u>		23b. ADDRESS <u>634 Delmar St. Louis Mo</u>		23c. DATE SIGNED <u>7/2/55</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/5/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Sinai Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman Rindskopf, Inc., 5216 Delmar</u> ADDRESS _____			

DATE REC'D BY LOCAL REG. 7/5/55 REGISTRAR'S SIGNATURE Herbert R. Donke M.D. (Licensed Embalmer) STATEMENT ON REVERSE SIDE

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

1956 JAN 6 1956

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.....  
*John Kettle*  
Licensed Embalmer No. 388  
P. O. Address .....

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.