

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28515

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

FILED AUG 29 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1897

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural: Anthon Township</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 MO.</u>		e. STREET ADDRESS (If rural, give location) <u>5804 Lotus Ave. 206/1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Sanatorium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WOLF</u> b. (Middle) _____ c. (Last) <u>BIALOCK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 14 1955</u>
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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>Unknown</u>	9. AGE (In years last birthday) <u>Abt. 85</u> UNDER 1 YEAR: Months _____ Days _____ 1 YEAR TO 5 YEARS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Tailor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tailoring</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>LOTTIE BIALOCK</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>UNK.</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lottie Bialock</u>	ADDRESS <u>5804 Lotus Ave.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pulmonary embolus</u> DUE TO (c) <u>arterioscler. heart disease</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 <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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 July 30, 1955, to August 14, 1955, that I last saw the deceased alive on July 14, 1955, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.E. Gruentzel MD</u> (Degree or title)	23b. ADDRESS <u>4000 Olive</u>	23c. DATE SIGNED <u>8/15/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/17/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8/15/55</u>	REGISTRAR'S SIGNATURE <u>Heber R. Rindskopf</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heber Rindskopf Inc.</u>	ADDRESS <u>5216 Delmar Bl.</u>
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(Licensed Embalmers' Placement on Reverse Side)

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

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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 *Peter B. Duboisville*

Licensed Embalmer No. *364*

P. O. Address *St. Louis*

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.