

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14583

State File No.

318

1003

3740

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.				b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place) 52 yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION. 6216 Northwood				e. STREET ADDRESS (If rural, give location) 5 6216 Northwood				20570					
3. NAME OF DECEASED a. (First) (Type or Print) REBECCA			b. (Middle)			c. (Last) GOLDBERG			4. DATE OF DEATH (Month) (Day) (Year) April 14, 1956				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.		8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) abt. 68		# UNDER 1 YEAR Months Days		# UNDER 10 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) USSR				12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Morris Rosenberg				13b. MOTHER'S MAIDEN NAME Fannie (unk)				14. NAME OF HUSBAND OR WIFE I.D.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Jack Goldberg 27 Stacy				ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
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 occlusion</u>								munk	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>								10 year	
				DUE TO (c)									
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420.1									
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.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			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>1942</u> , to <u>Apr. 14, 1956</u> , that I last saw the deceased alive on <u>April 1, 1956</u> , and that death occurred at <u>8:20 P.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) M. Norman Ortel, M.D.						23b. ADDRESS 508 North Grand Ave			23c. DATE SIGNED 4/15/56				
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		24b. DATE 4/16/56		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth			24d. LOCATION (City, town, or county) (State) University City Mo.						
DATE REC'D BY LOCAL REG. APR 16 1956		REGISTRAR'S SIGNATURE J. Charles Smith M.D.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson							

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 *Sawyer J. Diner*

Licensed Embalmer No. 3988

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.