

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35562**

FILED NOV 16 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9688**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5590 Wershing Ave.</b>		STREET ADDRESS (If rural, give location) <b>5590 Pershing Ave.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNIE</b>		b. (Middle)		c. (Last) <b>GOTTLIEB</b>	
4. DATE OF DEATH <b>OCTOBER 22, 1956</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Unk.</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 Wks. Hours Min. <b>Abt. 74</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Russia</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Frank Fishbein</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Simon Gottlieb</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unk.</b>		16. SOCIAL SECURITY NO. <b>Unk.</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Sydney I. Asher</b>		ADDRESS <b>18 Briarcliffe</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c) <i>*This does not mean the mode of death, such as heart failure, asthma, etc. It means the disease, injury or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis, acute</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 weeks</b>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Generalized arteriosclerosis</b>		<b>10 yrs</b>	
DUE TO (c) <b>Cerebral arteriosclerosis</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>10 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>420.1</b>		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)		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 <b>11-1, 1959</b> , to <b>10-22, 1956</b> , that I last saw the deceased alive on <b>3/6, 1956</b> , and that death occurred at <b>1 P.</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>J. Hame</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>465 - Wausau</b>	
23c. DATE SIGNED <b>10/23/56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10/24/56</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>B'Nai Amoona Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Missouri</b>			
DATE REC'D BY LOCAL REG. <b>OCT 24 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Herman Rindskopf Inc. 5216 Delmar Bl.</b>	

(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 *Peter B. Dubrouillet*

Licensed Embalmer No. *369*

P. O. Address *St. Louis, Mo.*

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.