Health, & Welfare Public Service

300
1-57

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3748
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 857

1. PLACE OF DEATH
a. COUNTY ~~ST. LOUIS~~
b. CITY OR TOWN ST LOUIS — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VETS ADM. HOSPITAL — Length of stay in 1b: 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY OR TOWN ~~ST. LOUIS~~ CLAYTON — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 8052 DAVIS DRIVE — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First CLOUIS Middle L. G. Last WALDMAN

4. DATE OF DEATH Month 1 Day 23 Year 58

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH 9-24-94

9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Printing Co.

11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME SAMUEL WALDMAN

13b. MOTHER'S MAIDEN NAME ETHEL SCHWARTZ

14. NAME OF HUSBAND OR WIFE MARY WALDMAN

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

16. SOCIAL SECURITY NO. 496365714

17. INFORMANT VAH RECORDS 915 N.GRAND ST.LOUIS,MO.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	RESPIRATORY FAILURE	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. — DUE TO (b)	CEREBRAL METASTASIS	
DUE TO (c)	BRONCHOGENIC CARCINOMA	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1621

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-10-57, to 1-23-58 and last saw ~~HXX~~ him alive on 1-23-58
Death occurred at 10:25 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Arthur J. Chuer (Degree or title) M.D.

22b. ADDRESS VAH ST. LOUIS, MISSOURI

22c. DATE SIGNED JAN 24 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 1/26/58

23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.

23d. LOCATION (City, town, or county) St. Louis County, Mo. (State)

24. FUNERAL DIRECTOR Herman Rindskopf, Inc. **ADDRESS** 5216 Delmar

25. DATE RECD. BY LOCAL REG. JAN 24 '58

26. REGISTRAR'S SIGNATURE Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

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 Kitter

Licensed Embalmer No. 3880

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.