

STANDARD CERTIFICATE OF DEATH

State File No. 25057

FILED AUG 13 1949

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 6876

BIRTH NO. _____			REG. DIST. NO. <u>318</u>			PRIMARY REG. DIST. NO. <u>1003</u>			Registrar's No. <u>6876</u>				
1. PLACE OF DEATH a. COUNTY _____						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) OR TOWN <u>St. Louis</u>				c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6003 Cates Ave.</u>						d. STREET ADDRESS (If rural, give location) <u>6003 Cates Ave.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arah</u>			b. (Middle) <u>Ruth</u>			c. (Last) <u>Lipstadt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 7, 1949</u>				
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 4, 1893</u>		9. AGE (in years last birthday) <u>56</u>		IF UNDER 1 YEAR Months _____ Days _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Bardswell, Kentucky</u>			12. CITIZEN OF WHAT COUNTRY? _____				
13a. FATHER'S NAME <u>Unknown Plunkett</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Harry M. Lipstadt</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry M. Lipstadt - 6003 Cates Ave.</u>							
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
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) <u>97</u>							
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? <u>H.S.O.</u>							
22. I hereby certify that I attended the deceased from <u>Aug 6, 1949</u> , to <u>Aug 7, 1949</u> , that I last saw the deceased alive on <u>Aug 7, 1949</u> , and that death occurred at <u>8 A.</u> m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Charles W. Goussis M.D.</u>						23b. ADDRESS <u>6013 Cates Ave.</u>			23c. DATE SIGNED <u>Aug 8-49</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>			24b. DATE <u>8/10/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>AUG 8 1949</u>			REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Harral - 1905 Union Blvd.</u>							

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

Dr. C. W. Gowans (Monday A.M.)  
6013. Cates

**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 .....  
Student Embalmer

Signed

*Albert R. Thompson*

Licensed Embalmer No. *42037*

P. O. Address

*H. Jones*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.