

FILED JAN 21 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2518

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|---|--|--|--|--|--|--|--|
| 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 <u>MO</u> b. COUNTY <u>St Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u> | | c. LENGTH OF STAY (In this place) <u>9 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>33 OR University ct</u> | | 4336 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>NR 6310 A Patanne</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> | | b. (Middle) _____ | | c. (Last) <u>Goldner</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 4 1950</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>May 15 1892</u> | |
| 9. AGE (In Years last birthday) <u>57</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u> | | 11. BIRTHPLACE (State or foreign country) <u>Russia</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>Eadel Kugman</u> | | 13b. MOTHER'S MAIDEN NAME <u>Bala Grossman</u> | | 14. NAME OF HUSBAND OR WIFE <u>Philip Goldner</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Meyer Goldner</u> ADDRESS <u>747 Depraduse</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Arteriosclerosis, Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Diabetes Mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Several years</u> <u>many years</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) <u>no</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>61</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>2nd X</u> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Dec 26</u> , 19 <u>49</u> , to <u>Jan 4</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan 4</u> , 19 <u>50</u> , and that death occurred at <u>10</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Heriman M. Meyer</u> | | | | 23b. ADDRESS <u>m. D. 6 508 N. Grand</u> | | 23c. DATE SIGNED <u>1/5/50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>Jan 5 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u> | | 24d. LOCATION (City, town, or county) (State) <u>University City</u> | |
| DATE REC'D BY LOCAL _____ | | REGISTRAR'S SIGNATURE <u>J. Blaster</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. Orshandle</u> ADDRESS <u>5010 Emmit</u> | | | |

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

Student Embalmer

Signed

W J Penhandler

Licensed Embalmer No. 3669

P. O. Address 5010 Ewight

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