

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

6228

FILED AUG 7 1951

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

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>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>46</b> TOWN <b>Clayton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>42162</b>	
		d. STREET ADDRESS (If rural, give location) <b>6416 San Bonita</b>	
3. NAME OF DECEASED (Type or Print) <b>JULIUS</b>		a. (First) <b>JULIUS</b>	
		b. (Middle) <b>NUSSBAUM</b>	
		c. (Last) <b>NUSSBAUM</b>	
4. DATE OF DEATH <b>July 11, 1951</b>		4. DATE (Month) (Day) (Year)	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Unknown</b>
			9. AGE (In years last birthday) <b>Abt. 71</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mill Representative</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Nathan Nussbaum</b>		13b. MOTHER'S MAIDEN NAME <b>Barbara Mathes</b>	
		14. NAME OF HUSBAND OR WIFE <b>Edna S. Nussbaum</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
		17. INFORMANT'S SIGNATURE OR NAME <b>Howard Nussbaum-8444 Old Bonhomme</b>	
		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction acute</b>	
		INTERVAL BETWEEN ONSET AND DEATH <b>18 hr</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b>	
		DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR? <b>H208</b>	
22. I hereby certify that I attended the deceased from <b>July 10<sup>th</sup></b> , to <b>July 11, 1951</b> , that I last saw the deceased alive on <b>July 11, 1951</b> , and that death occurred at <b>6:45</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Edward W. Gilmartin (M.D.)</b>		23b. ADDRESS <b>13701 Grandbl Sq</b>	
		23c. DATE SIGNED <b>7/12/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/13/51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Sinai Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>JUL 12 1951</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Harman Rudolph</b>	
REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>		ADDRESS <b>5216 Delmar</b>	

WRITE PLAINLY—USING UNFAADING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Peter B. Dubowick*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3691*

P. O. Address: *Richard Heights*

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.