

FILED APR 16 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14300**  
**2431**

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

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION: **Lutheran Hospital**

2. USUAL RESIDENCE: (Where deceased lived. If institution: residence before admission.)  
a. STATE **Missouri** b. COUNTY **St. Louis**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **University City** **4376**  
d. STREET ADDRESS (If rural, give location) **555 Bedford Avenue**

3. NAME OF DECEASED (Type or Print)  
a. (First) **THERESA** b. (Middle) \_\_\_\_\_ c. (Last) **GOLDBERGER**

4. DATE OF DEATH (Month) (Day) (Year)  
**March 13, 1952**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow**

8. DATE OF BIRTH **April 1, 1870**

9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.)  
**81 11 12**

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

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) **Hungary**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Isaac Pollack**

13b. MOTHER'S MAIDEN NAME **Sarah Preis**

14. NAME OF HUSBAND OR WIFE **Adolph Goldberger**

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

16. SOCIAL SECURITY NO. **No**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Mrs. S. Gross-555 Bedford Ave.**

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) **Left ventricular failure**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Hypertensive heart disease**  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
**5 days**  
**5 years**

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **H43X**

22. I hereby certify that I attended the deceased from **June, 1940**, to **March 12, 1952**, that I last saw the deceased alive on **March 12, 1952**, and that death occurred at **11:30 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **R. A. Nussbaum M.D.**

23b. ADDRESS **3701 Grand St**

23c. DATE SIGNED **3-14-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **3/16/52**

24c. NAME OF CEMETERY OR CREMATORY **Waldheim Cemetery**

24d. LOCATION (City, town, or county) (State) **Chicago, Illinois**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **MAR 14 1952**

REGISTRAR'S SIGNATURE **J. Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **5216 Plumes**

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.

Signed.....

*Peter B. Dubouillet*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3691*

P. O. Address *Rehoboth Beach, 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 this body is not embalmed, fact should be so stated above.