

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34277

FILED OCT 20 1952

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1088

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs</u>		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>717 S. 28th Street</u>		d. STREET ADDRESS (If rural, give location) <u>717 S. 28th Street</u>	

3. NAME OF DECEASED (Type or Print) <u>Yetta</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>Skolnik</u> <u>Skolnik</u>		4. DATE OF DEATH <u>October 6, 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Jewish</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>About 1854</u>		9. AGE (In years last birthday) <u>98</u>		IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Mins. _____	
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 <u>At home</u>		11. BIRTHPLACE (State or foreign country) <u>Russia</u> <u>6</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Sidney Goldman</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Not Given</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Ben Skolnik</u>		ADDRESS <u>St. Joseph, Mo.</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>				<u>30 min</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Specified arteriosclerosis</u>			
		<u>arteriosclerosis heart disease</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Oct 6</u> , 19 <u>52</u> , to <u>Oct 6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Oct 6</u> , 19 <u>52</u> , and that death occurred at <u>1:15A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Irwin Rosenthal M.D.</u>		(Degree or title) _____		23b. ADDRESS <u>St Joseph, Mo</u>	
23c. DATE SIGNED <u>10-7-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 7, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Shaare Sholem Cemetery</u>		24d. LOCATION (City, town, or county) <u>St. Joseph, Missouri</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>Oct 16, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Costello</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Walter H. Schaeffer</u>	
				ADDRESS <u>St. Joseph, Mo.</u>	

WRITE PLAINLY—USING UNFADING 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 \_\_\_\_\_

\_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Raymond A. Herberich

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri

**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.