

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36985

9350

FILED OCT 21 1952

318

1003

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 MO b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 6 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2069 N
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp			d. STREET ADDRESS (If rural, give location) 1434 Blackstone		
3. NAME OF DECEASED (Type or Print) IDA		a. (First)	b. (Middle)	c. (Last) Weiss	4. DATE OF DEATH (Month) (Day) (Year) Oct. 9 1952
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH unk	9. AGE (In years last birthday) ab 69	IF UNDER 1 YEAR Months
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) USSR		12. CITIZEN OF WHAT COUNTRY? USA	6
13a. FATHER'S NAME Hyman Lutterman		13b. MOTHER'S MAIDEN NAME Sarah (unk)		14. NAME OF HUSBAND OR WIFE Jacob	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Therese Greenberg 1434 Blackstone			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Collapse ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Lung DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Atherosclerosis				INTERVAL BETWEEN ONSET AND DEATH (?)
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? 163x				
22. I hereby certify that I attended the deceased from Oct 3 1952 to Oct 9 1952, that I last saw the deceased alive on Oct. 9 1952, and that death occurred at 1:45 P.M., from the causes and on the date stated above.					
23a. SIGNATURE Sidney Goldblum M.D.			23b. ADDRESS Jewish Hospital, St. L.		23c. DATE SIGNED 10/9/52
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 10/10/52	24c. NAME OF CEMETERY OR CREMATORY Heard Sholmich		24d. LOCATION (City, town, or county) (State) Annandale, Mo	
DATE REC'D BY LOCAL REG. OCT 10 1952	REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Bryce Memorial - 8711 - Mulhearn		

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No. ....  
Signed *Alvin P. Padbury* .....  
Licensed Embalmer No. *4259* .....

P. O. Address.....

**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.