

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7685

FILED FEB 26 1953

State File No.

318

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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>Illinois</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granite City</u> | | <u>8120</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>2862 Iowa Ave.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HULDA</u> | | b. (Middle) _____ | | c. (Last) <u>KAUFMAN</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5, 1953</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | | 8. DATE OF BIRTH <u>Oct. 5, 1877</u> | |
| 9. AGE (In years last birthday) <u>75</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Interior Dec.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago, Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Julius Schreier</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Frank Kaufman</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>Unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Epstein-2862 Iowa, Granite City</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SKULL FRACTURE</u> | | MEDICAL CERTIFICATION ANTECEDENT CAUSES <u>BRAIN HEMORRHAGE</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Fell at Home, Granite City Ill. July 1 1953.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | 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 checked="" 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) _____ | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR _____ | | | | <u>E9040</u> | |
| 22. I hereby certify that I attended the deceased from <u>2/1</u> , 19 <u>52</u> , to <u>2/3</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2/3</u> , 19 <u>52</u> , and that death occurred at <u>11:12</u> m., from the causes and on the date stated above. <u>21</u> | | | | | | | |
| 23a. SIGNATURE <u>J. C. Middleton - M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>462 N. Taylor</u> | | 23c. DATE SIGNED <u>2/6/53</u> | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) _____ | | 24b. DATE <u>2/8/53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Sinai Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>FEB 6 1953</u> | | REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman Rindskopf, Inc., 5216 Delmar</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

John Ketter

Licensed Embalmer No. 3880

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.