

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **11612**
Registrar's No. **2705**

FILED MAR 31 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4336	
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL		d. STREET ADDRESS (If rural, give location) 6263 North Drive	
3. NAME OF DECEASED (Type or Print) a. (First) UDEL b. (Middle) c. (Last) GOLDENHERSH		4. DATE OF DEATH (Month) (Day) (Year) Mar. 11, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Unknown
9. AGE (in years) (last birthday) Abt. 90		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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 (City and State or Foreign Country) Russia 6
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Louis (Tzinberg) sh.	
13b. MOTHER'S MAIDEN NAME Sylvia Goldenberg		14. NAME OF HUSBAND OR WIFE Nathan Goldenherh	
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 Joe Goldenherh		ADDRESS -7259 a Tulane	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy (Rt internal capsular hemorrhage) ANTECEDENT CAUSES Chv. Elavation of Blood Pressure DUE TO (b) arterio sclerosis DUE TO (c)	
		INTERVAL BETWEEN ONSET AND DEATH 6 days	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 334X			
22. I hereby certify that I attended the deceased from March 5, 1953 , to March 11, 1953 , that I last saw the deceased alive on March 10, 1953 , and that death occurred at 10:45 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Verone E. Cook, M.D. (Degree or title)		23b. ADDRESS 4409 W. Pine	
23c. DATE SIGNED 3/11/53			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3/12/53	
24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cen.		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 11 1953		25. FUNERAL DIRECTOR'S SIGNATURE Herman Rindskopf, Inc. ADDRESS 5216 Delmar	

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 _____

Licensed Embalmer No. _____

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.