

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12309**
Registrar's No. **2308**

FILED MAR 24 1953

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

| | | | |
|---|-------------------------------|---|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. 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 Jewish Hospital | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2059 | |
| | | d. STREET ADDRESS (If rural, give location) 5 5917 DeGiverville 0 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) c. (Last) Sereth | | 4. DATE OF DEATH (Month) (Day) (Year) Feb 27 1953 | |
| 5. SEX Male | 6. COLOR OR FACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Feb. 15, 1884 |
| 9. AGE (In years, last birthday) 69 | | 10. MONTHS 0 | 11. YEARS 13 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and State or Foreign Country) Austria 4 | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Isaac Sereth | | 13b. MOTHER'S MAIDEN NAME Frieda Sereth | |
| 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. Unknown | |
| 17. INFORMANT'S SIGNATURE OR NAME Joseph Auerbach | | ADDRESS 5917 DeGiverville | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. -- DUE TO (b) Acute Coronary Occlusion DUE TO (c) Arteriosclerotic Ht. Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized AS | |
| 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? 4200 | | | |
| 22. I hereby certify that I attended the deceased from Oct 1951 , to Feb 27, 1953 , that I last saw the deceased alive on Feb 27, 1953 , and that death occurred at 1:45 p.m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Henry Goldenberg MD (Degree or title) | | 23b. ADDRESS Trunk Hosp. St. L. Mo. | |
| 23c. DATE SIGNED 2/27/53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 3/1/53 | |
| 24c. NAME OF CEMETERY OR CREMATORY Brith Shalom Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | |
| DATE REC'D BY LOCAL REG. MAR 2 1953 | | REGISTRAR'S SIGNATURE J. Carl Smith MD | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Herman Rindskopf, Inc. | | ADDRESS 5216 Delmar | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

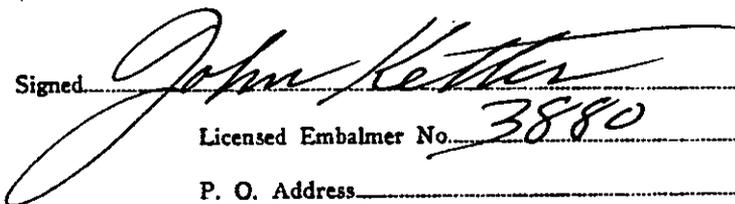
STATEMENT BY LICENSED EMBALMER

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. 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.