

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12581

State File No. _____

S. No. 300
V. 10.45

FILED APR 3 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 893

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

1. PLACE OF DEATH a. COUNTY St. Louis		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 University City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City <u>4336</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6409 Enright		d. STREET ADDRESS (If rural, give location) 6409 Enright	
3. NAME OF DECEASED (Type or Print) BIRDIE			4. DATE OF DEATH (Month) (Day) (Year) Mar. 25, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Unknown
9. AGE (In years last birthday) Abt. 53		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 House work	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Nathan Block		13b. MOTHER'S MAIDEN NAME Anna Gibber	14. NAME OF HUSBAND OR WIFE None
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 Louis A. Block-6409 Enright ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis 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. 175X	
19a. DATE OF OPERATION 2-24-52		19b. MAJOR FINDINGS OF OPERATION Carcinomatosis - Ovary	
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 (Month) (Day) (Year) (Hour) OF INJURY		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 Dec , 19 <u>52</u> , to Mar , 19 <u>53</u> that I last saw the deceased alive on Mar. 24 , 19 <u>53</u> , and that death occurred at 3:00 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Melvin T. Goldman, MD (Degree or title)		23b. ADDRESS 634 N. Boone	23c. DATE SIGNED 3/25/53
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 3/26/53	24c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagodol
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REGD BY LOCAL REG. 3-25-53		REGISTRAR'S SIGNATURE Herbert R. Domb, MD	25. FUNERAL DIRECTOR'S SIGNATURE Herman Kudekoba, Inc. ADDRESS 516 Delmas

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

Peter B. Duboullé

Licensed Embalmer No. 3691

P. O. Address Redwood Heights, N.Y.

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.