

12757

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10.48

FILED APR 11 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>933</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ladue</u>		c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ladue 4431</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>16 Granada Way</u>				d. STREET ADDRESS (If rural, give location) <u>16 Granada Way</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERBERT</u>		b. (Middle) <u>V.</u>		c. (Last) <u>GOLDWASSER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 29, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 14, 1907</u>	9. AGE (In years last birthday) <u>46</u>	10. UNDER 1 YEAR <u>1</u> Months	11. OVER 1 YEAR <u>15</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Medicine</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Michael Goldwasser</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Saffier</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Ferer Goldwasser</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>2nd W.W. NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. H. V. Goldwasser-16 Granada Way</u>			
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) <u>Coronary thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u> <u>1 yr.</u>	
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? _____			
22. I hereby certify that I attended the deceased from <u>June, 1952</u> , to <u>Mar. 29, 1953</u> , that I last saw the deceased alive on <u>Mar. 29, 1953</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Max S. Franklin, M.D.</u>				23b. ADDRESS <u>634 N. Grand</u>		23c. DATE SIGNED <u>3/30/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/30/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>B'Nai Amoona Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-30-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domba MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman Rindskopf, Inc. 5216 Delmar Bl</u>			

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

520 (Licensed Embalmer's Statement on Reverse Side)

APR 23 1964

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

Arthur B. Dubois

Licensed Embalmer No. *369*

P. O. Address *Richmond Heights*

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.