

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

**22853**

State File No. ....

**FILED JUN 20 1953**

**318**

**1003**

Registrar's No. **5600**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>15 4450a Minnesota Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4450a Minnesota Ave.</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Mary Ann</b> b. (Middle) <b>-----</b> c. (Last) <b>Goltschman</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 3, 1953</b>	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Nov. 27, 1887</b>
<b>9. AGE</b> (In years last birthday) <b>65</b>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>At Home</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Missouri.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	

<b>13a. FATHER'S NAME</b> <b>Fred Bauer</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Margaret Heisele</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Paul Goltschman</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Paul J. Goltschman</b>	<b>ADDRESS</b> <b>4450 Minnesota Ave.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 hr</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary Thrombosis</b>		
	<b>ANTECEDENT CAUSES.</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio sclerosis</b> DUE TO (c) <b>Diabetes mellitus</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>260X</b>
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**22. I hereby certify that I attended the deceased from Jan 10, 1940, to June 3, 1953, that I last saw the deceased alive on April 2, 1953, and that death occurred at 8:00 Pm., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>In Friend and O</b>	<b>23b. ADDRESS</b> <b>1703 S Paul</b>	<b>23c. DATE SIGNED</b> <b>6-4-53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>June 6, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Resurrection Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, County, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>JUN 5 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith MO</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Gebken-Benz Mortuary</b>	<b>ADDRESS</b> <b>2842 Meramec St.</b>
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mrs (Licensed Embalmer's Statement on Reverse Side) St. Louis, 18, Mo.

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Laron E. Percy

Licensed Embalmer No. 4094

2842 Meramec St.  
P. O. Address St. Louis, 18, Mo.

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.