

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32912

State File No. ....

FILED SEP 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8677

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1438 East Grand</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEWISH HOSPITAL</u>		9 <u>2099</u>	

3. NAME OF DECEASED a. (First) <u>MAX</u> b. (Middle) c. (Last) <u>BLOOM</u>		4. DATE OF DEATH <u>SEPT-6-1953</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Unknown</u>	9. AGE (In years last birthday) <u>80 abt</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Agent Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u>	11. BIRTHPLACE (State or foreign country) <u>RUSSIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>SAMUEL BLOOM</u>	13b. MOTHER'S MAIDEN NAME <u>IDA RUDOLPH</u>	14. NAME OF HUSBAND OR WIFE <u>GUSSIE BLOOM</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bertha Rosen</u> ADDRESS <u>5788 Westminster</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		DUE TO (b) <u>arteriosclerosis</u>		years.
ANTICIPATED CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Benign prostatic hypertrophy</u>				years.

19a. DATE OF OPERATION <u>6-18-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Inter-trochanteric fracture of rt. femur</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Murder</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis 800 E9030</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6:17-53 12:24 pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Slipped and fell: 20</u>
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22. I hereby certify that I attended the deceased from Sept 1, 1953 to Sept. 6, 1953, that I last saw the deceased alive on Sept. 5, 1953, and that death occurred at 11:5 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jack C. Tippet, M.D.</u>	23b. ADDRESS <u>Jewish Hospital of St. Louis</u>	23c. DATE SIGNED <u>Sept. 6, 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>Sept-7-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CHESED SHEL EMMET CEM</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>SEP 8 1953</u>	REGISTRAR'S SIGNATURE <u>Charles Smith MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HERMAN RINDSKOPF INC 5216 Delmar Blvd</u>
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WRITE PLAINLY—USING UNFADING INK

**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. Dubois*

Licensed Embalmer No. *8691*

P. O. Address *St. Louis, MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.