

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10059**
Registrar's No. **2857**

FILED APR 2 1954 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____ I. 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, MISSOURI** c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSPITAL** e. STREET ADDRESS (If rural, give location) **108 N. Kingshighway Kingsway Hotel**

3. NAME OF DECEASED a. (First) **LOUIS** b. (Middle) _____ c. (Last) **GOOD, SR.** 4. DATE OF DEATH (Month) (Day) (Year) **MARCH 28 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Aug. 22, 1875** 9. AGE (in years last birthday) **78** IF UNDER 1 YEAR **7** MONTHS IF UNDER 12 HOURS **6** HOURS MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Baltimore, Maryland** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Max Good** 13b. MOTHER'S MAIDEN NAME **Rebecca Ullman** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **unknown** 17. INFORMANT'S SIGNATURE OR NAME **Louis G. Shular-Galveston** ADDRESS **Texas**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Congestive Heart Failure**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **Arteriosclerotic Heart Disease**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **Pulmonary Infarct**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) **420.0**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **3-25-54**, 19____, to **3-28-54**, 19____, that I last saw the deceased alive on **3-28-54**, 19____, and that death occurred at **11:20P** m., from the causes and on the date stated above.

23a. SIGNATURE **Hubert B. Zimmerman** (Degree or title) **M.D.** 23b. ADDRESS **1515 Lafayette Avenue** 23c. DATE SIGNED **3-29-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **3/31/54** 24c. NAME OF CEMETERY OR CREMATORY **Mt. Sinai Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

DATE REC'D BY LOCAL REG. **MAR 30 1954** REGISTRAR'S SIGNATURE **Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **Herman Rindskopf, Inc.** ADDRESS **5216 Delmar Bl**

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Peter B. Dubouille*

Licensed Embalmer No. *369*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.