

FILED AUG 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23781

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6160

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY                          |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) |  |
| b. CITY OR TOWN St. Louis                               |  | a. STATE Missouri   | b. COUNTY St. Louis  |
| c. LENGTH OF STAY (in this place)                       |  | c. CITY OR TOWN University City   | d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital |  | STREET ADDRESS (If rural, give location) 6817 Plymouth Avenue                         |  |

|                                     |                  |             |                    |                                       |
|-------------------------------------|------------------|-------------|--------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) HARRY | b. (Middle) | c. (Last) GOLDBLUM | 4. DATE OF DEATH (Month) (Day) (Year) |
|                                     |                  |             |                    | July 16, 1955                         |

|             |                        |  |                                |                                    |                           |                         |                       |                      |
|-------------|------------------------|--|--------------------------------|------------------------------------|---------------------------|-------------------------|-----------------------|----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Aug. 28, 1897 | 9. AGE (In years last birthday) 57 | IF UNDER 1 YEAR Months 10 | IF UNDER 1 YEAR Days 18 | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|-------------|------------------------|--|--------------------------------|------------------------------------|---------------------------|-------------------------|-----------------------|----------------------|

|  |   |   |                                     |
|--|---|---|-------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant | 10b. KIND OF BUSINESS OR INDUSTRY Grocery | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|--|---|---|-------------------------------------|

|                                   |   |   |
|-----------------------------------|---|---|
| 13a. FATHER'S NAME Louis Goldblum | 13b. MOTHER'S MAIDEN NAME Celia Goldman | 14. NAME OF HUSBAND OR WIFE Gertrude Goldblum |
|-----------------------------------|---|---|

|   |                               |  |                       |
|---|-------------------------------|--|-----------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | 16. SOCIAL SECURITY NO. W.W.I | 17. INFORMANT'S SIGNATURE OR NAME Unknown Janet Goldblum | ADDRESS 6817 Plymouth |
|---|-------------------------------|--|-----------------------|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident  |  | 5 days                           |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) arteriosclerotic heart disease<br>DUE TO (c) Broncho-pneumonia, bilateral myocardial infarction, and Diabetes mellitus |  | 6 years                          |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  | 4 days                           |
|   |  |  | 2 years                          |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 4200 |
|--|--|---------------------------------|

22. I hereby certify that I attended the deceased from 1950, to July 16, 1955, that I last saw the deceased alive on July 16, 1955, and that death occurred at 1 P. m., from the causes and on the date stated above.

|   |                          |                          |
|---|--------------------------|--------------------------|
| 23a. SIGNATURE (Degree or title) Havellyn Gale Jr. M.D. | 23b. ADDRESS 04500 Olive | 23c. DATE SIGNED 7/16/55 |
|---|--------------------------|--------------------------|

|   |                   |   |  |
|---|-------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 7/18/55 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
|---|-------------------|---|--|

|                                      |                                     |  |
|--------------------------------------|-------------------------------------|--|
| DATE REC'D BY LOCAL REG. JUL 18 1955 | REGISTRAR'S SIGNATURE J. Carl Smith | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rindskopf, Inc., 5216 Delmar Bl. |
|--------------------------------------|-------------------------------------|--|

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

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- 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.....

*John Ketter*

Licensed Embalmer No. 388

P. O. Address.....

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.