

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

27722

State File No.

FILED SEP 9 1955

318

1003

6884

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No.

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN Clayton <i>445</i> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 7528 York Dr.	
3. NAME OF DECEASED (Type or Print) JOSEPH		4. DATE OF DEATH (Month) (Day) (Year) August 7 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 22, 1899
9. AGE (In years) (Months) (Days) (Hours) (Mins.) 56 0 16		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Clothing	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Abraham Ginsburg	
13b. MOTHER'S MAIDEN NAME Esther Lena		14. NAME OF HUSBAND OR WIFE Beverly Veiner Gordon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk/		16. SOCIAL SECURITY NO. 494-09-3391	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Jos. Gordon		ADDRESS 7528 York Dr.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardio-vascular disease		INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 7 yrs. 2 yrs.	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 334+	
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) (Min.) _____		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 Jan 1950, **to** Aug 1955, **that I last saw the deceased alive on** Aug 7, 1955, **and that death occurred** 11:30 p.m., **from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) Melvin L. Goldman, M.D.		23b. ADDRESS 634 N. Grand	
23c. DATE SIGNED 8-8-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 8/9/55		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Herman Rindskopf Inc.	
DATE REC'D. BY LOCAL REG. AUG 8 1955		ADDRESS 5216 Delmar Bl.	

3.0 (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

— 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

Signature 

Licensed Embalmer No. 3691

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.