

FILED APR 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14584

State File No. ....

318

1003

Registrar's No. .... 3584

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. .... 3584					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MISSOURI b. COUNTY ST. LOUIS							
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN CLAYTON		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL				e. STREET ADDRESS (If rural, give location) 7512 CROMWELL DR.							
3. NAME OF DECEASED (Type or Print) SARAH DUBINSKY GOLDSTEIN			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH APRIL 10, 1956					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Unk.					
9. AGE (In years last birthday) Abt. 78		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) Russia					
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Isaac Dubinsky		13b. MOTHER'S MAIDEN NAME Rose Goldwasser		14. NAME OF HUSBAND OR WIFE Jacob Goldstein				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mr. I. Ely Goldstein				ADDRESS 7 Dogwood Lane			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable carcinoma of colon Probable carcinoma of colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 2 prev. attacks of coronary thrombosis				INTERVAL BETWEEN ONSET AND DEATH 2 months			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2 previous attacks of coronary thrombosis				12 & 10 years approx.							
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) 153X		(COUNTY) _____		(STATE) _____			
21d. TIME OF INJURY 4-10-56		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 Feb. 29, 1956, to 4/10, 1956, that I last saw the deceased alive on 4/10, 1956, and that death occurred at 11:30 A.M., from the causes and on the date stated above 4-10-56											
23a. SIGNATURE Alfred Goldman				(Degree or title) M.D.		23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 4/10/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/12/56		24c. NAME OF CEMETERY OR CREMATORY BUNAI AMOONA CEMETERY		24d. LOCATION (City, town, or county) St. Louis County Missouri (State)					
DATE REC'D BY LOCAL REG. APR 10 1956		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. Herman-Rindskopf-Inc. 5216 Delmar Blvd						

(Licensed Embalmer's Statement on Reverse Side)

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 *Arthur B. Duboual*

Licensed Embalmer No. *36*

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.