No. 300
0.48

FILED MAY 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18967
State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 1215

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) University City
c. LENGTH OF STAY (In this place) 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6716 Bartmer Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY St. Louis
c. CITY OR TOWN University City 4376
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location) 6716 Bartmer Ave

3. NAME OF DECEASED (Type or Print) a. (First) FLORA b. (Middle) KOPF c. (Last) STRAUS
4. DATE OF DEATH (Month) 5 (Day) 15 (Year) 56
5. SEX female
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH April 6, 1881
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales
10b. KIND OF BUSINESS OR INDUSTRY Famous Barr
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Naphtalie Kopf
13b. MOTHER'S MAIDEN NAME Julia Lippman
14. NAME OF HUSBAND OR WIFE Edward Straus (Deceased)
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. 488-05-5402
17. INFORMANT'S SIGNATURE OR NAME Mrs. Carl Finn ADDRESS 6716 Bartmer

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — Several yrs
DUE TO (c) Diabetes mellitus — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Bilateral leg Amputation

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 260X
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* Jan, 1952, *to* May, 1956, *that I last saw the deceased alive on* May 15, 1956, *and that death occurred at* 9:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Milton L. Goldman, MD (Degree or title) 23b. ADDRESS 6348 Delmar Blvd 23c. DATE SIGNED 5/17/56

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 5/18/56
24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai
24d. LOCATION (City, town, or county) St. Louis Co (State) Mo.

DATE REC'D BY LOCAL REG. 5-16-56
REGISTRAR'S SIGNATURE Herbert A. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE Mayer ADDRESS 4356 Lindell Blvd

(Licensed Embalmer) (See 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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Elton R H Remelu

Licensed Embalmer No...42

P. O. Address...St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.