

FILED AUG 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25373

State File No. ....

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1793

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>University City</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>815 Longacre Dr.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) _____ c. (Last) <u>GASSMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 26, 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Unk.</u>
9. AGE (In years last birthday) <u>Abt. 58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Shoes</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unk.</u>		13b. MOTHER'S MAIDEN NAME <u>Frieda L. Schwartz</u>	
14. NAME OF HUSBAND OR WIFE <u>Hilda Scalda Gassman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Hilda S. Gassman 815 Longacre Dr.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Self-inflicted strangulation by ligature</u> * 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 (b) _____ DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) 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) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>University City St. Louis Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) <u>July 26, 1956</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self-inflicted strangulation by ligature</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Arnold J. Hellman</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Clayton 5, Mo.</u>	
23c. DATE SIGNED <u>7/30/56</u>		24. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth Cem. St. Louis County Missouri</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/29/56</u>	
24c. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Herman Rindskopf Inc. 5216 Delmar Bl.</u>	
DATE RECEIVED BY LOCAL REG. <u>7-28-56</u>		REGISTRAR'S SIGNATURE <u>Herbert K. Rombe, M.D.</u>	

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. Duboiselle* .....

Licensed Embalmer No. *3069*

P. O. Address *St. Louis, Mo.*

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.