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FILED DEC 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43522**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10541**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN Richmond/Heights	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) 1129 Surrey Hills Drive	

3. NAME OF DECEASED (Type or Print) a. (First) GUSSIE b. (Middle) WALTERS c. (Last) MELMAN		4. DATE OF DEATH (Month) (Day) (Year) Nov. 17, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 25, 1896
9. AGE (In years last birthday) 59		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) At home		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
			12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME David Walters	13b. MOTHER'S MAIDEN NAME Etta Frenzel	14. NAME OF HUSBAND OR WIFE Sam Melman, Jr.
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. no	17. INFORMANT'S SIGNATURE OR NAME Sam Melman, Jr. ADDRESS 1129 Surrey Hills 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Phlebitis		INTERVAL BETWEEN ONSET AND DEATH 4 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus		15 years
	DUE TO (c) Hypertension		20 years
	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 260 X	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) _____	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 **March, 1943**, to **Dec 17, 1956**, that I last saw the deceased alive on **Dec 17, 1956**, and that death occurred at **4:05 p m.**, from the causes and on the date stated above.

23a. SIGNATURE Alfred Goldman (Degree or title) M.D.	23b. ADDRESS 634 1/2 Grand	23c. DATE SIGNED 11/19/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/20/56	24c. NAME OF CEMETERY OR CREMATORY Ghesed Shel Emeth Cem.
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	DATE REC'D BY LOCAL REG. NOV 19 1956	REGISTRAR'S SIGNATURE Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Herman Rindskopf, Inc.	ADDRESS 5216 Delmar Bl	

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

(Licensed Embalmer's Statement on Reverse Side)

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. 3889

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.