

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 29 1957

State File No. **15017**
Registrar's No. **3299**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3299	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) - a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 2 days		c. CITY OR TOWN University City		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 14 Jewish Hosp.				e. STREET ADDRESS (If rural, give location) 27 709 Limit			
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) _____ c. (Last) MARCUS			4. DATE OF DEATH (Month) (Day) (Year) 4 4 1957				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Marr.		8. DATE OF BIRTH July 15 1899	
9. AGE (In years last birthday) 57		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine operator		10b. KIND OF BUSINESS OR INDUSTRY Mens Garm. and		11. BIRTHPLACE (City and State or Foreign Country) Poland	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Morris Marcus		13b. MOTHER'S MAIDEN NAME Jeanette Goldwasser		14. NAME OF HUSBAND OR WIFE Gussie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 489-01-9546		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gussie Marcus 709 Limit			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction ANTECEDENT CAUSES Arteriosclerotic coronary thrombosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic coronary thrombosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4.5 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1				20. AUTOPSY? 2 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) (Minute)		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 4/1 10:57 , to 4/4 1957 , that I last saw the deceased alive on 4/4 1957 and that death occurred at 6:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE David M. Hansen (Degree or title) M.D.				23b. ADDRESS Jewish Hospital		23c. DATE SIGNED 4/5/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		24b. DATE 4/7/57		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth		24d. LOCATION (City, town, or county) (State) University City Mo.	
DATE REC'D BY LOCAL REG. APR 5 '57		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 MoPherson			

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

St. Louis, Mo.

No.

x

University City

St. Louis

St. Louis

For Limit

Jewish Home

MARR.

White

Male

1924

Machine Operator Lena Goldwasser Poland

Teacher Goldwasser

Florida St. Louis

189-01-9546 Classie Marcus For Limit

014

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 *Quir O. Rudwig*
Licensed Embalmer No. 422

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.

Belcher Memorial Home - Person