

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26493

FILED AUG 1 - 1957

318

1003

STATE FILE NUMBER

6637

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jewish Hospital</u> | | | | Length of stay in 1b | | c. CITY OR TOWN <u>University City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | | 4. DATE OF DEATH | | d. STREET ADDRESS (If outside, give location) <u>7255 Stanford Ave.</u> | |
| First <u>EMMA</u> | | Middle <u>N.</u> | | Last <u>RICH</u> | | Month Day Year <u>JULY 15th, 1957</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>March 15, 1908</u> | |
| 9. AGE (In years last birthday) <u>49</u> | | | | 10. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>St. Louis Missouri</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sec'y.</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mt. Sinai Cemetery</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>Israel Rich</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Sarah Bockser</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unk.</u> | | | | 16. SOCIAL SECURITY NO. <u>Unk.</u> | | 17. INFORMANT <u>Miss Mamie Rich 7255 Stanford Ave.</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>possible Pulmonary embolism</u> <u>possible pulmonary embolism</u> <u>post operative, perforated ulcer of stomach</u> <u>post-operative, perforated ulcer of stomach</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u> <u>18 days</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>540-1</u> | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____ | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | 20g. COUNTY STATE | |
| 21. I attended the deceased from <u>June 28</u> to <u>July 15, 57</u> and last saw her/him alive on <u>July 15, 57</u> Death occurred at <u>8 P.M.</u> <u>8 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>G. E. Gruenfeld</u> (Degree or title) <u>M.D.</u> | | | | 22b. ADDRESS <u>4500 Olive</u> <u>4500 OLIVE</u> | | 22c. DATE SIGNED <u>7/16/57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 23b. DATE <u>7/17/57</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth Cem.</u> | | 23d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Herman Rindskopf Inc. 5216 Delmar</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>JUL 16 57</u> | | 26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> <u>mgB.</u> | |

0300
1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. Dubrouil*

Licensed Embalmer No. *30*

P. O. Address *St. Louis*

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.