

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027618

STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 317 Primary Registration District No. 531 Registrar's No. 2064

S. 300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7124 Kingsbury		Length of stay in 1b YRS.	d. STREET ADDRESS (If outside, give location) 7124 Kingsbury
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JACOB DAVID GOLDWASSER			4. DATE OF DEATH Month Day Year Aug. 7, 1958		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) Abt. 97	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocer		10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (City and state or country) Russia 6	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Frederick Goldwasser		13b. MOTHER'S MAIDEN NAME Merle Siegel		14. NAME OF HUSBAND OR WIFE Edis Goldwasser	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Unk.	17. INFORMANT Mrs. P. Kramer-7124 Kingsbury Address		

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>acute congestive heart failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1-2 days</u> <u>years</u> <u>years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>myocardial infarctio-sclerosis</u>		
	DUE TO (c) <u>nephrosclerosis</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>442X</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) <u>2</u>	
20c. TIME OF INJURY Hour Month, Day, Year --a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE	

21. I attended the deceased from 10/4/58 to 8/6/58 and last saw him alive on 8/6/58
Death occurred at 2 8/9/58 3-a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Donald Sela M.D.</u>	(Degree or title)	22b. ADDRESS <u>10021 Euclid</u>	22c. DATE SIGNED <u>8/7/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/7/58	23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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24. FUNERAL DIRECTOR Herman Rindskopf, Inc.	ADDRESS 5216 Delmar	25. DATE RECD. BY LOCAL REG. 8-7-58	26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.
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All diseases in Part I must be causally related.

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 *M. C. [Signature]*
[Signature]

Licensed Embalmer No. *3696*
P. O. Address *[Signature]*

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.