

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030539  
STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8413

300  
1-57

|   |                           |   |   |
|---|---------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis Missouri   |                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN St. Louis Missouri  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION 01 3955 West Pine  |                           | Length of stay in lb<br>76 Years 8/1958   | d. STREET ADDRESS (If outside, give location)<br>3955 West Pine                                     |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>Rose Holtzman   |                           | 4. DATE OF DEATH<br>Month Day Year<br>August 30, 1958   |   |
| 5. SEX<br>Female /  | 6. COLOR OR RACE<br>White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br>Oct. 29, 1884   |
| 9. AGE (In years last birthday)<br>73   |                           | 10. UNDER 1 YEAR<br>Months Days   | 11. UNDER 24 HRS.<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife  |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>None   | 11. BIRTHPLACE (City and state or country)<br>Austria 4   |
| 12. CITIZEN OF WHAT COUNTRY?<br>USA   |                           | 13. FATHER'S NAME<br>Rosenthal  |   |
| 13a. FATHER'S NAME  |                           | 13b. MOTHER'S MAIDEN NAME<br>Unknown  |   |
| 14. NAME OF HUSBAND OR WIFE<br>Unknown  |                           | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service)<br>NO   |   |
| 16. SOCIAL SECURITY NO.<br>None   |                           | 17. INFORMANT<br>Blanche Holtzman 1206 Aubpat   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>acute pulmonary edema</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>arteriosclerotic heart disease</u><br>DUE TO (c) <u>420.0H</u> |                           |   | INTERVAL BETWEEN ONSET AND DEATH<br>12 hrs.<br>6+ mos.  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Carcinoma of esophagus with metastases</u>  |                           |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <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<br>Hour Month, Day, Year<br>a.m.<br>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 <u>June 1958</u> , to <u>Aug 1958</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>August 29, 1958</u><br>Death occurred at <u>8-30-58</u> <u>9:30 a</u> on the date stated above; and to the best of my knowledge, from the causes stated.  |                           |   |   |
| 22a. SIGNATURE<br><u>George A. Wake M.D.</u><br>(Degree or title)   |                           | 22b. ADDRESS<br><u>950 Francis Pl. Mo</u>   |   |
| 22c. DATE SIGNED<br><u>8-30-58</u>  |                           | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   |   |
| 23b. DATE<br><u>8/31/58</u>   |                           | 23c. NAME OF CEMETERY OR CREMATORY<br><u>CHESED SHEL EMETH CEMETERY</u>   |   |
| 23d. LOCATION (City, town, or county) (State)<br><u>University City Missouri</u>  |                           | 24. FUNERAL DIRECTOR<br><u>Berger Memorial 4715 McPherson Ave.</u>  |   |
| 25. DATE RECD. BY LOCAL REG.<br><u>SEP 2 '58</u>  |                           | 26. REGISTRAR'S SIGNATURE<br><u>J. Carl Smith, M.D.</u><br>S. P.  |   |

All diseases in Part I must be causally related.  
 Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed.

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 *Edward J. Dennis*.....

Licensed Embalmer No. 3988.....

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.