

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015027

STATE FILE NUMBER

3911

FILED MAY 15 1959

Registration District No. Primary Registration District No.

Registration No. 3911

300
1-57

31
0

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 St. Louis				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Ladue	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Faith Hospital				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) # 18 S. McKnight Road	
3. NAME OF DECEASED (Type or print) First ANNA Middle Last GOLDBERG				4. DATE OF DEATH Month APRIL Day 20th Year 1959			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Unknown	
9. AGE (In years last birthday) Abt. 61		IF UNDER 1 YEAR Months Days 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 country) RUSSIA				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME SAM KRANZBERG				13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Benjamin Goldberg	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Unk.				16. SOCIAL SECURITY NO. Unk.		17. INFORMANT Address Benjamin Goldberg 18 S. McKnight Road	
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Artery insufficiency with severe rheumatic heart disease DUE TO (b) Anesthetic, while undergoing operation (Cholecystectomy) DUE TO (c) at Faith Hospital, an Epil PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a), (b), and (c).						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" 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.) at Faith Hospital, an Epil				
20c. TIME OF INJURY Hour ? a.m. 4:20 p.m. 9 Month, Day, Year 20th, 1959			20d. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Hospital				
20e. CITY, TOWN, OR LOCATION St. Louis Mo			20f. COUNTY STATE				
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 10559 m on the date stated above; and to the best of my knowledge, from the causes stated.						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
22a. SIGNATURE Joseph M. Zimm (Do not print)				22b. ADDRESS 1300 Park		22c. DATE SIGNED 4/21/59	
23a. BURIAL CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/22/59		23c. NAME OF CEMETERY OR CREMATORY B'Nai Amoona Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County Missouri	
24. FUNERAL DIRECTOR ADDRESS Herman Rindskopf Inc. 5216 Delmar				25. DATE RECD. BY LOCAL REG. APR 21 '59		26. REG. CLERK'S SIGNATURE Earl Smith, M.D.	

m & B.

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. *3880*
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.