

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030995

FILED VS SEP 8 1959 317

Registration District No. 547 Primary Registration District No. 547 Registrar's No. 2330

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u>	Length of stay in 1b <u>5 yrs.</u>	c. CITY OR TOWN <u>Richmond Heights</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>37 Han ley Downs</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>37 Hanley Downs</u>	

3. NAME OF DECEASED (Type or print) First <u>LOUIS</u> Middle <u>A. BLOCK</u> Last	4. DATE OF DEATH Month <u>Aug.</u> Day <u>28</u> Year <u>1959</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>unk</u>	9. AGE (last birthday) <u>ab 70</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mani</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Machinery</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Nathan Block</u>	13b. MOTHER'S MAIDEN NAME <u>Anna (unk)</u>	14. NAME OF HUSBAND OR WIFE <u>Lee</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unk.</u>	17. INFORMANT Address <u>Mrs. Lee Block 37 Hanley Downs</u>
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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>CARCINOMATOSIS</u> DUE TO (b) <u>Carcinoma colon</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>2 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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 COUNTY STATE
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21. I attended the deceased from May 1952 to Aug. 28, 1958 and last saw her Aug. 27, 1959 alive on _____
 Death occurred at: 6:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Melvin L. Goldman, M.D.</u>	22b. ADDRESS <u>634 N. Broad</u>	22c. DATE SIGNED <u>8/29/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Bur.</u>	23b. DATE <u>8/30/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Beth Hamedrosh Hagodol</u>	23d. LOCATION (City, town, or county) (State) <u>Ladue, Mo.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Berger Memorial 4 715 1^{1/2} P^herson</u>	25. DATE RECD. BY LOCAL REG. <u>8-29-59</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Lawrence J. DeWitt*

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.