

FEDERAL BUREAU OF INVESTIGATION - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 5 4 7 3

FILED VS DEC 3 0 1959

211297

STATE FILE NUMBER

INDEXED

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

2-10-59
2-10-60

Unknown
Unknown

Unknown
Unknown
Abraham Gottlieb
Babette Stern

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF Informant

| | | | | | |
|---|--|---|---|--|--|
| 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 | | | Length of stay in 1b 1 hour | | c. CITY OR TOWN Richmond Heights |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp. | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 1070 E. Linden |
| 3. NAME OF DECEASED (Type or print) First SIEGMUND Middle GOTTLEB Last GOTTLEB | | | 4. DATE OF DEATH Month Dec. Day 5 Year 1959 | | |
| 5. SEX Male | 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 12/7/1892 | 9. AGE (last birthday) 66 | IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | | 10b. KIND OF BUSINESS OR INDUSTRY Retail Dept. Store | | 11. BIRTHPLACE (City and state or country) Germany | |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Unk. Abraham Gottlieb | | 13b. MOTHER'S MAIDEN NAME Unk. Babette Stern | |
| 14. NAME OF HUSBAND OR WIFE Edith | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 487-26-0556 | |
| 17. INFORMANT Edith Gottlieb | | Address 1070 E. Linden | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Coronary Sclerosis DUE TO (b) 4201 DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 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.) | |
| 20c. TIME OF INJURY Hour _____ 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 | | COUNTY | STATE |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ 1050 p on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Patrick J. Taylor Coroner | | | 22b. ADDRESS 1300 Clark | | 22c. DATE SIGNED 12.7.59 |
| 23a. BURIAL, REMOVAL (Specify) Rem. | 23b. DATE 12/7/59 | 23c. NAME OF CEMETERY OR CREMATORY Mount Olive | | 23d. LOCATION (City, town, or county) University City, Mo. | |
| 24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson | | | 25. DATE RECD. BY LOCAL REG. DEC 7 1959 | | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. |

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 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.