

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED SEP 13 1961

-61-031309

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 2356 STATE FILE NUMBER

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

| | | | |
|---|---|--|--|
| 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>University City</u> | | Length of stay in lb <u>15 yrs.</u> | c. CITY OR TOWN <u>University City</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>856 N. McKnight</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>856 N. McKnight</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>D.</u> Last <u>GOLDBERG</u> | | | 4. DATE OF DEATH Month <u>Aug</u> Day <u>20</u> Year <u>1961</u> |
| 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>July 27 1899</u> AGE (last birthday) <u>62</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manufacturer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Womens Garm.</u> | 11. BIRTHPLACE (City and state or country) <u>Russia</u> |
| 13a. FATHER'S NAME <u>Israel Goldberg</u> | | 13b. MOTHER'S MAIDEN NAME <u>(UNK)</u> | 14. NAME OF HUSBAND OR WIFE <u>Idale</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or date of service) <u>Yes W.W.#1</u> | | 16. SOCIAL SECURITY NO. <u>Unk.</u> | 17. INFORMANT Address <u>Idale Goldberg 856 N. McKnight</u> |
| 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>Coronary occlusion</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> | | | <u>8 yrs</u> |
| DUE TO (c) | | | |
| 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 <u>11:00 A</u> Month, Day, Year <u>July 1950</u> | | | |
| 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 <u>July 1950</u> to <u>Aug 1955</u> and last saw ^{her} him alive on <u>8/10/61</u> Death occurred at <u>11:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Richard L. Peterson, M.D.</u> (Degree or title) | | 22b. ADDRESS <u>100 No. Euclid</u> | 22c. DATE SIGNED <u>8-20-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>8/21/61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u> | 23d. LOCATION (City, town, or county) (State) <u>University City, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Berger Memorial 4715 McPherson</u> ADDRESS | | 25. DATE RECD. BY LOCAL REG. <u>8-22-61</u> | 26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u> |

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 *Samuel J. Orin*

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.