

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

4333 -62-016818

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

FILED MAY 1 1962

VS 300
Rev. 4/59

1
2 **205**
3
4 **0**
5 **1**
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7 **1**
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10
11
12 **40**
13

DATE AMENDED
INSTEAD OF
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hos'p		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ralph Middle P. Last Goldsticker		4. DATE OF DEATH Month 4 Day 25 Year 62	
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 12/18/80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacture		10b. KIND OF BUSINESS OR INDUSTRY Dress	11. BIRTHPLACE (City and state or country) Texas
13a. FATHER'S NAME Henry Goldsticker		13b. MOTHER'S MAIDEN NAME Gabrielson Philipson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Mrs. Ralph Goldsticker		Address 6253 N. Wood	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia			INTERVAL BETWEEN ONSET AND DEATH 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriolosclerotic nephrosclerosis			4 years
DUE TO (c) Hypertension 44/6 x			Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebrovascular Accident & Right Hemiparesis			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 _____ s.m. _____ p.m. _____		Month, Day, Year _____	
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 March 25, 1962 to 4/25/62 and last saw her ^{her} alive on 4/25/62 . Death occurred at 12:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Olson S. Wenzler, M.D.		22b. ADDRESS 8112 Delmar R.	
22c. DATE SIGNED 4/25/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 4/27/62	23c. NAME OF CEMETERY OR CREMATORY Mo. Sinai	23d. LOCATION (City, town, or county) (State) 8400 Gravois, St. Louis Mo.
24. FUNERAL DIRECTOR Mayer 4356 Lindell Blvd		25. DATE RECD. BY LOCAL REG. APR 26 1962	
		26. REGISTRAR'S SIGNATURE Rod Smith, M.D.	



at least

of the body

is

08/11/80

white

hair

eyes

nose

mouth

facial features

complexion

hair

eyes

nose

000 11 880 registration

880-02-084

no

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

Harry E. Morrow

Licensed Embalmer No. 4495

P. O. Address St. Louis

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.

08/11/80

Signature

Signature of Student

Signature