

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028672

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7573** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 13 1962

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 3 wks	2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		c. CITY OR TOWN University City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 7341 Balson	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ISADORE Middle Last GOLDBERG			4. DATE OF DEATH Month 8 Day 2 Year 62		5. SEX male		6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-15-1885	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dealer			10b. KIND OF BUSINESS OR INDUSTRY Scrap metal		11. BIRTHPLACE (City and state or country) USSR		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME (unk) Goldberg			13b. MOTHER'S MAIDEN NAME (unk)			14. NAME OF HUSBAND OR WIFE Sarah						
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. None		17. INFORMANT Address Jacob Goldberg 1525 Eastmont UCity 30							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia										INTERVAL BETWEEN ONSET AND DEATH 1 day		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of colon, metastatic										2 months		
DUE TO (c) 153.8												
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 checked="" 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.)								
20c. TIME OF INJURY Hour Month, Day, Year 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 7/31/62 to 8/2/62 and last saw her him alive on 8/1/62 Death occurred at 3:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.						22a. SIGNATURE (Degree or title) Oliver S. Wemphers, M.D.		22b. ADDRESS 8112 Delmar		22c. DATE SIGNED 8/2/62		
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 8-3-62		23c. NAME OF CEMETERY OR CREMATORY Chevra Kadisha Cem.		23d. LOCATION (City, town, or county) Univ. City, M.		(State)				
24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson				ADDRESS		25. DATE RECD. BY LOCAL REG. AUG. 2 1962		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.				

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

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AUG. 2 1962

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. [Signature]*

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.