

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050220

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 4002 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 3 1964

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

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>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Clayton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u># 94 Arundel Pl.</u>		d. STREET ADDRESS (If outside, give location) <u># 94 Arundel Pl.</u>	
3. NAME OF DECEASED (Type or print) First <u>LUCILLE</u> Middle <u>W.</u> Last <u>GOLDMAN</u>		4. DATE OF DEATH Month <u>DECEMBER</u> Day <u>27th</u> Year <u>1963</u>	
5. SEX <u>Female</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>2/16/98</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Weinbach</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Leon H. Goldman</u>		17. INFORMANT <u>Leon H. Goldman-94 Arundel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input type="checkbox"/> No <input checked="" type="checkbox"/> (If yes, give war or dates of service))		16. SOCIAL SECURITY NO. <u>[Redacted]</u>	
18. CAUSE OF DEATH (Enter only one cause per death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Best longevestive Heart Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Parkinson's disease.</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> <u>5 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 checked="" 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>2 P.M.</u> Month, Day, Year <u>12/28/63</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 <u>St. Louis County, Mo.</u>	
21. I attended the deceased from <u>3/15/49</u> to <u>12/28/63</u> and last saw her/him alive on <u>2nd P.M.</u> Death occurred at <u>12/28/63</u> <u>2 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Herbert Lynn M.D. & Harold Scheff M.D.</u>		22b. ADDRESS <u>100 N. Euclid</u>	
22c. DATE SIGNED <u>12/28/63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	
23b. DATE <u>12/29/63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>	
23d. LOCATION (City, town, or county) <u>St. Louis County, Mo.</u>		24. FUNERAL DIRECTOR <u>HERMAN RINDSKOPF INC. 5216 DELMAR</u>	
25. DATE RECD. BY LOCAL REG. <u>12-28-63</u>		26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

