

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38276

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9693

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, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 1 day		e. STREET ADDRESS (If rural, give location) 12 1074a N. Kingshighway		210/0	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Missouri Baptist		a. (First) TOM (AKA THOMAS)		b. (Middle)	
3. NAME OF DECEASED (Type or Print)		c. (Last) GOLDENBERG		4. DATE OF DEATH (Month) (Day) (Year) Nov. 6, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH Unk.	9. AGE (In years last birthday) ab 85	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser		10b. KIND OF BUSINESS OR INDUSTRY GarmManf.		11. BIRTHPLACE (City and State or Foreign Country) USSR	
12. CITIZEN OF WHAT COUNTRY? Unk.		13a. FATHER'S NAME Unk Goldenberg		13b. MOTHER'S MAIDEN NAME Unk.	
14. NAME OF HUSBAND OR WIFE Unk.		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. Unk.	
17. INFORMANT'S SIGNATURE OR NAME Frank Weinsting		ADDRESS 5822 Gravis			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <i>Bronchial asthma</i> <i>Congestive heart</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Double Inguinal Rupture</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>241X</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>None</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-3-53</i> , 1953, to <i>11-6-55</i> , 1955, that I last saw the deceased alive on <i>11-6-55</i> , 1955, and that death occurred at <i>9 P.</i> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Cawrite M.D.</i>		23b. ADDRESS <i>1125 S. Kingshighway</i>		23c. DATE SIGNED <i>11-7-55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>11/8/1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth</i>	
24d. LOCATION (City, town, or county) (State) <i>University City, Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Berger Memorial</i>		ADDRESS <i>4715 McPherson Ave.</i>	
DATE REC'D BY LOCAL REG. NOV 7 1955		REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Berger Memorial</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Sawyer J. Davis*.....

Licensed Embalmer No. *3980*

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.