N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

20166

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 5940

City St. Louis (No. Mo. Baptist Fan St. ..... Ward)

**2. FULL NAME** Rebecca Goldman

(a) Residence. No. 6104 St. Paul pl. St., 12 Ward. Pine Lawn Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Samuel Rosenberg

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 16 1867

7. AGE: Years 60 | Months 2 | Days 11 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home 34 93 95
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Odessa Russia

PARENTS

10. NAME OF FATHER: Samuel Goldman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Russia
12. MAIDEN NAME OF MOTHER: Goldie Montenown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Russia

14. INFORMANT (Address): Mrs. Rose Margulis 2622 Franklin

15. FILED 22 1927 Max C Starkloff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH** 4

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 27 1927

17. I HEREBY CERTIFY, That I attended deceased from 6/1 1927, to 6/27 1927, that I last saw her alive on 6/27 4:30 P. 1927, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chr.
Cardiac Hypertrophy
and Dilatation
(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Syphilis Central
Nervous System (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Thus finding
(Signed) R. E. Andrews, M.D.
6/28, 1927 (Address) Wall Bedey

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bnai Amoona
DATE OF BURIAL: 6/29 1927

20. UNDERTAKER: H B Berger
ADDRESS: 4715 McPherson