

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

Do not use this space.

38799

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **Jewish Hospital**)

File No.

Registered No. **11530**

St. Ward)

2. FULL NAME William H. Goldman

(a) Residence. No. 5515 Cabanne Ave. St. 5 Ward.

(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

2. SEX **4. COLOR OR RACE** **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word)

White **Male** **Married**

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

Theresa H. Goldman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 23-1862**

7. AGE YEARS MONTHS DAYS IF LESS than I day, hrs. or min.
65 **5** **---**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Traveling Salesman**

(b) General nature of industry, business, or establishment in which employed (or employer) **Shoes**

(c) Name of employer **Valley Shoe Corp.**

9. BIRTHPLACE (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER **Jacob Goldman**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

14. INFORMANT Jay M. Goldman
(Address) 5515 Cabanne Ave.

15. FILED **DEC 24 1927** Max B. Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23 19 27

17. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1927, to Dec 23, 1927, that I last saw him alive on Dec 23, 1927, and that death occurred, on the date stated above, at 4 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumo-pneumonia
10/21
10/2 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Hypertension (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED General
IS NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? No DATE OF...
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Albert E. Taussig, M. D.
Dec 24, 19 27 (Address) 3720 Washington

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **DATE OF BURIAL**
Mt. Sinai Cemetery Dec. 25 1927

20. UNDERTAKER **ADDRESS**
H. Kunderhoff 5216
Delmar

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.

