

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

Do not use this space.

10563

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1160  
 Township University City Primary Registration District No. 4470  
 City University City (No. 7199 Westgate)

File No. 34  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Leola Goldstein  
 (a) Residence. No. 7199 Westgate St. \_\_\_\_\_ 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**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 4, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
39 1 12

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at home  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) New Orleans  
 (STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER Abraham Silverman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hungary  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Henrietta Berger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hungary  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT A. Goldstein  
 (Address) 7199 Westgate

15. FILED 3-19-27 William J. Pruss REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-16 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1927, to 3-16, 1928 that I last saw h. er alive on 3-15, 1928, and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

1 Leukaemia acute Lymphatic  
72A

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) 65A

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Blood count

(Signed) Ernst Jonas M.D

3-16, 1928 (Address) Liter Bedg

\*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

DATE OF BURIAL

New Mt. Sinai 3/19 1928

20. UNDERTAKER

ADDRESS

H.B. Berger 4715  
McPherson

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

