

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis Registration District No. 701L  
 Township \_\_\_\_\_ Primary Registration District No. 203  
 City St. Louis (No. Jewish Hospital)

File No. 25907  
 Registered No. 1767  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Deborah Goldberg  
 (a) Residence, No. 4424 Elmore Ave. St. 11 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lepa Goldberg  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1 - 1860  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 68 1 25  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work House Wife  
 (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) Russia

**10. NAME OF FATHER**

Isadore Leopold

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Russia

**12. MAIDEN NAME OF MOTHER**

Ethel Guit

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Russia

**14.**

INFORMANT Ethel Wallace  
 (Address) 2021 E. Grand

**15.**

FILED 17 19 May 1928  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**4**  
 DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1928

17. I HEREBY CERTIFY, That I attended deceased from 7-23, 1928, to 7-26, 1928, that I last saw her alive on July 26, 1928, and that death occurred, on the date stated above, at 5:50 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

121- Cholecystitis + Peritonitis  
127B  
129 123 (duration) about yrs. 3 mos. da.  
 CONTRIBUTORY Cholelithiasis  
 (SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: No

1 DID AN OPERATION PRECEDE DEATH: Yes DATE July 26, 1928

WAS THERE AN AUTOPSY: No

WHAT TEST CONFIRMED DIAGNOSIS: Operative Findings

(Signed) Ch. E. Hart M. D.  
 , 19 (Address) Jewish Hosp.

\*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**

Chesed Ethel Emeth DATE OF BURIAL July 27 1928

**20. UNDERTAKER**

H. Rindskopf ADDRESS 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.

