3102 Ro Grand

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

Do not use this space.

29319

File No.

Registered No. 8843

1. PLACE OF DEATH

County ..... Registration District No. 721

Township ..... Primary Registration District No. 1028

City St Louis (No. Alexian Bros Hosp. St. ..... Ward)

2. FULL NAME Chas H. Goldsmith

(a) Residence. No. 320 Little Broadway St. 24 Ward. St Louis Co. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18 - 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	1	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Henry Goldsmith
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Dourknout
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Emma Goldsmith
(Address) 320 Little Broadway

15. FILED SEP - 1 1928 Max C Starkloff
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 3rd, 1928, to Aug 31st, 1928, that I last saw him alive on Aug 31st, 1928, and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr Interstitial Nephritis and Valvular heart lesions
131
928 D A (duration) about two years yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
Influenza (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic and microscopic

(Signed) John D Fraser, M. D
, 1928 (Address) 3108 Grand Blvd

*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 Park Lawn Cemetery — DATE OF BURIAL Sept 3 1928

20. UNDERTAKER Weick Bros — ADDRESS 2201 Ro Grand

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.