

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

Do not use this space.

23268

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** City Infirmary

File No.....  
Registered No. **6743**  
St. .... Ward)

**2. FULL NAME**

(a) Residence No. **5800 Arsenal St., 13** Ward.

(Usual place of abode)  
Length of residence in city or town where death occurred **50** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Single**  
*(write the word)*

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 23 - 1846**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<b>83</b>		<b>5</b>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Carpenter**  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

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

10. NAME OF FATHER **Geo Goodman**

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

12. MAIDEN NAME OF MOTHER **Anna Funk**

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

14. INFORMANT **Mrs M. Effused**  
(Address) **5800 Arsenal**

15. **JUN 25 1929** **Walter C. Stankel**  
FILED REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 23<sup>rd</sup> 1929**

17. I HEREBY CERTIFY, That I attended deceased from **3/28**, 19**29**, to **6/23**, 19**29** that I last saw him alive on **6/23**, 19**29** and that death occurred, on the date stated above, at **4:15 P.M.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Chr. Myocarditis 131**  
? (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) **Arteriosclerosis** **Chr. Glomerulonephritis**  
**Chr. Cholelithiasis**  
? (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED?  
IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECLUDE DEATH. DATE OF  
WAS THERE AN AUTOPSY? **yes**  
WHAT TEST CONFIRMED DIAGNOSIS? **Autopsy**  
(Signed) **Bey Margulies**, M. D.  
**6/24**, 19**29** (Address) **5800 Arsenal St**

\*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 **Calvary Cemetery** DATE OF BURIAL **June 25 1929**

20. UNDERTAKER **L. H. Eubank & Co 1842 Meramec** ADDRESS

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.

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