

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

Do not use this space.

42153

1. PLACE OF DEATH

County St. Louis Registration District No. 701

Township St. Louis Primary Registration District No. 1003

City St. Louis (No. 5937a) State Missouri

File No. _____
Registered No. 11860
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St., 12 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) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 1 20

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) Poland
(STATE OR COUNTRY) Russia

10. NAME OF FATHER Laron Dumber

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

12. MAIDEN NAME OF MOTHER Ida (unk)

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

14. INFORMANT Louis Goldstein
(Address) 5717 Hamilton Terr

15. FILED 1923 May 2 Max C. [unclear]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1929, to Dec 2, 1929, that I last saw her alive on Dec 2, 1929, and that death occurred, on the date stated above, at 5 d. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
Arteriosclerosis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 90
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) M. J. Press M. D.
12/5, 1929 (Address) 642 W. Brady

*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 Onai Amoon DATE OF BURIAL 12/6 1929

20. UNDERTAKER H. B. Berger ADDRESS 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.

