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.

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

Do not use this space.

7268

File No. 1578
Registered No.

1. PLACE OF DEATH

County
Township
City St Louis Mo (No. Jewish Hospital St. Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Abraham B. Goldenson (Goldenson)

(a) Residence. No. 5718 Plymouth St., 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 23 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 married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
about 60	—	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Rabbi
(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

PARENTS

10. NAME OF FATHER Menachem Mendel-Goldenson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Russia
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Russia

14. INFORMANT Dr. Max J. Goldenson
(Address) 18 Portland Pl.

15. FILED — 19 — Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 7, 1931

17. I HEREBY CERTIFY, That I attended deceased from 12/11, 1930, to Feb. 7, 1931, that I last saw h. alive on Feb. 6, 1930 and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis, general.
Hypertension Myocarditis, chronic
139
126 General (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 145 Prostatectomy for enlarged prostate
Hemiplegia apoplectic (duration) yrs. mos. 30 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov. 11, 1930
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Llewellyn Sale, M. D.
2/7, 1931 (Address) 3720 Washington

*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
Chevrah Kadisha	Feb. 8, 1931
20. UNDERTAKER	**ADDRESS**
O'Keefe Handler Co	4822 Eastern