

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

Do not use this space.

14477

1. PLACE OF DEATH

County..... Registration District No. 202
 Townshp..... Primary Registration District No. 53
 City St. Louis Mo. St. Louis Ch. Hosp. 500 So. Kingshighway Ward)

File No. 14477
 Registered No. 3843

2. FULL NAME

Harold Gaisberg
 (a) Residence. No. 5577 Terry St. Ward. 6
 (Usual place of abode)
 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Ch. 18.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-6-30

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
1 9 13

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer
Ch. 18

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

PARENTS
 10. NAME OF FATHER Joe Goldberg
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England
 12. MAIDEN NAME OF MOTHER Rose Kuttler
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

14. INFORMANT J. M. Kerlik
 (Address) 500 So. Kingshighway

15. FILED APR 20 1932 Max Stankov
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 19 1932

17. I HEREBY CERTIFY, That I attended deceased from 4-16-1932 to 4-19-1932 that I last saw h. s. alive on 4-19-1932 and that death occurred, on the date stated above, at 6 min.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hydrocephalus
 (duration) yrs. 6 mos. da.
 CONTRIBUTORY (SECONDARY) Acute bacterial meningitis
synthetice
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 1570
 IF NOT AT PLACE OF DEATH

3 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 4/16/32

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Lawrence Goldman M. D.
4/19 1932 (Address) St. Louis Children's 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 Shel Emeth DATE OF BURIAL April 20 1932

20. UNDERTAKER Orenhandler ADDRESS 4469 Washington

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.

THIS IS A PERMANENT RECORD

