

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

Do not use this space.

41671

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. 1374) Blackstone St. Ward)

File No.
Registered No. 10737
St. Ward)

2. FULL NAME

(a) Residence, No. 1374 Blackstone St. 6 Ward.

(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) single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
ab60

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Kovno (STATE OR COUNTRY) Russia

13. NAME Lazar Goldman

14. BIRTHPLACE (CITY OR TOWN) Russia (STATE OR COUNTRY)

15. MAIDEN NAME Rose Tankin

16. BIRTHPLACE (CITY OR TOWN) Russia (STATE OR COUNTRY)

17. INFORMANT Wm. A. Goldman (ADDRESS) 1408

18. BURIAL, CREMATION, OR REMOVAL Wm. A. Goldman PLACE Beth. Mem. Ch. DATE 12/15 1932

19. UNDERTAKER Wm. A. Goldman (ADDRESS) 1408

20. FILED DEC - 15 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1929, to Nov 29, 1932

I last saw h. c. alive on Nov 29, 1932. Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset 1931

Other contributory causes of importance: 93c-93d O.K. Kernel
Green - Kerner

Name of operation: none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Alfred Goldman M. D.
(Address) Beaumont Bldg

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.

