

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

Do not use this space.

11842

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 10000  
 City St. Louis (No. Christian Hospital).....  
 File No. .... Registered No. 2948.....  
 St. .... Ward).....

**2. FULL NAME**

Donald Goldschmidt  
 (a) Residence, No. 1829 E. Prairie Ave. 9 Ward.  
 (Usual place of abode).....  
 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. (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 (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
                                 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
 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) St. Louis  
 (STATE OR COUNTRY) Mo

13. NAME Fred Goldschmidt

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

15. MAIDEN NAME Mildred Heber

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

17. INFORMANT Fred Goldschmidt  
 (ADDRESS) 1829 E. East Prairie Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Superior Burial P. DATE March 29, 1933

19. UNDERTAKER Drehermann & Canal  
 (ADDRESS) 19815 Vermont Blvd

20. FILED MAR 28 1933  
W. C. Jarvel  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1933, to March 28, 1933  
 I last saw h. a. alive on March 28, 1933. Death is said

to have occurred on the date stated above, at 7:59 a.m.  
 The principal cause of death and related causes of importance were as follows:

Pyi mnture baby  
159  
 Date of onset

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) E. Murray Ross, M. D.  
 (Address) 1918 E. Green St

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.

In E Mass

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