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.

JAN 26 1934

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

Do not use this space.

41896

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1008

City St. Louis (No. 5351, Delmar St. ..... Ward)

File No. .....

Registered No. 10939

2. FULL NAME Charles Goldstien

(a) Residence, No. 5351 Delmar St., 1V 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 15, 1857

7. AGE: YEARS 76 | MONTHS 6 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trimmer in a

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Shop (Retired)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. W. Waller, 5351 Delmar

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Sinai Cem. DATE 12-21 1933

19. UNDERTAKER (ADDRESS): H. Rindskopf, 5216 Delmar

20. FILED 21 1933 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1929, to Dec. 19, 1933

I last saw him alive on Dec. 19, 1933. Death is said to have occurred on the date stated above, at 7:35 a.m.

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

	Date of onset
Chronic Myocarditis	1 year
131	
93C	
Other contributory causes of importance:	
Chr. Interstitial Nephritis	6 months

131

Name of operation ..... Date of .....

What test confirmed diagnosis? Phy. Ex. 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) Solon Cameron, M. D.

(Address) 508 N. Grand Blvd.