WHITE 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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No. 6371
Township ~~Central~~ — Primary Registration District No. 6033a — Registered No. 49
City Clayton (No. Enroute to County Hosp St. ..... Ward)

2. FULL NAME Betsy Goldstein
(a) Residence, No. 6358 Delmar St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alexander Goldstein
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1868
7. AGE YEARS 65 MONTHS 7 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) (STATE OR COUNTRY) Warsaw Poland

FATHER
13. NAME Joseph Goldafe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER
15. MAIDEN NAME Mollie (Cink)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT (ADDRESS) Grace Goldstein 6358 Delmar

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive Heb DATE 2/11 34

19. UNDERTAKER (ADDRESS) H B Berger 4715 McPherson ave

20. FILED 2/19 1934 Robert J. Auchmuster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
I last saw h..... ....., 19..... Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Multiple depressed fracture of the skull, with cerebral hemorrhage. Multiple fracture of pelvis, Fracture and dislocation of left sacro-ilic joint with considerable hemorrhage of soft tissues about the fractures. Fracture of the 3rd cervical vertebra with misplacement.

~~Other contributory causes of importance:~~

Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/8, 1934
Where did injury occur? 6364 Delmar ave (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Struck by Street Car
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Luke B. Tiemon, M.D. 2/9/34
(Address) 3718 Jennings Rd.
Coroner, St. Louis, Co., Mo.

Street car & pedestrian. - This accident happened on Delmar Blvd. 6364, was taken to St. Louis County Hospital, where she was pronounced dead.

Jury verdict :-

The lack of evidence presented in the death of Betty Goldstein we recommend the case to the Grand Jury for investigation

From the 2nd to 10th ribs, inclusive right, were fractured at various points between the angle of the ribs and the mid-axillary line. The membranes of the brain were torn in the right temporal region. Numerous lacerations, bruises and contusions about head, face , hands and arms.

Sec; Hemorrhage and shock.