

SEP 16 1935

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

Do not use this space.

27685

1. PLACE OF DEATH

County ..... Registration District No. **791**  
**1003**  
Township ..... Primary Registration District No. ....  
City **St. Louis** **Jewish Hosp.**

File No. ....  
Registered No. **6729**  
St. .... Ward)

2. FULL NAME

(a) Residence, No. **2425 Bellvue** St., **N R** 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 <b>Male</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Mrs Eva Goldman</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>March 8 1887</b>				
7. AGE	YEARS <b>48</b>	MONTHS <b>4</b>	DAYS <b>27</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Merchant</b>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Ladies Wear</b>			
	10. Date deceased last worked at this occupation (month and year) .....		11. Total time (years) spent in this occupation .....	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Russia</b>
	13. NAME <b>Bernard Goldman</b>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Russia</b>
FATHER	15. MAIDEN NAME <b>Sarah Cooper</b>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Russia</b>
17. INFORMANT <b>Albert Goldman</b> (ADDRESS) <b>2425 Bellvue Ave</b>	
18. BURIAL, CREMATION, OR REMOVAL <b>B'nai Amoona</b> DATE <b>Aug. 7th</b> 19 <b>35</b>	
19. UNDERTAKER <b>H. B. Bergeron</b> (ADDRESS) <b>4715 Madison Ave</b>	
20. FILED <b>J. F. Bredeck</b> <b>Aug - 7 1935</b> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 5** 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **July 30** 19**35** to **Aug 5** 19**35**

I last saw h. e. alive on **Aug 5** 19**35**. 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:  
**Arterio-sclerotic Heart Disease with Hypertension** Date of onset **6 mos.**

Other contributory causes of importance:  
**Art. Sclerotic Nephritis**

Name of operation **0** Date of .....  
What test confirmed diagnosis? **Clinical** Was there an autopsy? **0**

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? **0**  
If so, specify .....  
(Signed) **Arthur E. Grand** M. D.  
(Address) **607 N. Grand**

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.

