

DEC 10 1935

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

Do not use this space.

791  
1003

37834

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City *St. Louis* (No. *Seventh Ward*) St. .... Ward)

File No. ....  
Registered No. *9811*  
St. .... Ward)

2. FULL NAME

*Jacob Goldstein*  
(a) Residence, No. *26305 Southwood* St. *N.R.* 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 <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Sarah Goldstein</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>unknown</i>		
7. AGE <i>ab 57</i>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>grocer</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>retired</i>	
	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) <i>St. Louis, Mo.</i>		
MOTHER FATHER	13. NAME <i>Meyer L Goldstein</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis, Mo.</i>	
	15. MAIDEN NAME <i>Yenta (unk)</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis, Mo.</i>	
17. INFORMANT (ADDRESS) <i>J Goldstein 80 Lake Forest</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Our Amonga</i> DATE <i>11/24, 1935</i>		
19. UNDERTAKER (ADDRESS) <i>H B Berger 4715 Maple</i>		
20. FILED <i>NOV 23 1935</i> <i>JT Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11 22*, 19 *35*

22. I HEREBY CERTIFY, That I attended deceased from *11/18*, 19 *35*, to *11/22*, 19 *35*  
I last saw him alive on *11/22*, 19 *35* Death is said to have occurred on the date stated above, at *7a* m.  
The principal cause of death and related causes of importance were as follows:  
*Tuber Pneumonia, 2d deg* Date of onset *11/17/35*

Other contributory causes of importance: *108*

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? *no*  
If so, specify .....

(Signed) *Alfred Lehman*, M. D.  
(Address) *4500 Olive*

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.

THIS IS A PERMANENT RECORD

43423

