

OCT 5 1936

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

Do not use this space.

35712

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... St. Louis (No. Jewish, Hospital St. Ward)

File No.
Registered No. **9331**

2. FULL NAME Louis Goldberg

(a) Residence, No. 6620 Alamo St. NR Ward. Clayton Mo.
(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lena Goldberg</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>ab. 64</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Tailor</u>		
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)
Wilma Poland, R.

13. NAME
(unk)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
U.S.S.R.

15. MAIDEN NAME
(unk)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
U.S.S.R.

17. INFORMANT (ADDRESS)
Ben L. Goldberg, 3866 Flora Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
Chesed Shel Emeth 9/10/36

19. UNDERTAKER (ADDRESS)
W. B. Burger, 4715 Maple St.

20. FILED 9 1936
J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1936, to Sept 9, 1936
I last saw him alive on Aug. 31, 1936 Death is said to have occurred on the date stated above, at 9:20 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1933

Other contributory causes of importance: None

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) St. Louis Schuchat, M. D.
(Address) 2200 Chouteau Ave.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

