APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10662

Township ..... Primary Registration District No. 1003 Registered No. 3236

City Saint Louis, Mo. (No. 5624a Ashland Avenue, St. ..... Ward)

2. FULL NAME Josephine Goldschmidt,

(a) Residence, No. 5624a Ashland Avenue St., 6 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Goldschmidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't Know

7. AGE: YEARS 72 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. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) Germany

FATHER

13. NAME ? Strunk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Leslie Pohlman 5624a Ashland Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE March 27th 37.

19. UNDERTAKER (ADDRESS) Jos. W. Clark, 1125 Hodiamont Avenue

20. FILED MAR 25 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 1928 to March 23, 1937.
I last saw her alive on March 23, 1937 19 ..... Death is said to have occurred on the date stated above, at 11:05 P.M.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis (general) — Date of onset

Other contributory causes of importance: Nodular heart lesion

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No.

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) Merle Bane, M. D.
(Address) 1492 Hodiamont

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr.Bond,
1492 Poe Bldg,
Hrs.2-3P.M.