

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.....
Township.....
City..... St Louis Mo.

Registration District No. 791
Primary Registration District No. 1003
(No. Isolation Hospital)

File No. 10668
Registered No. 3242
St. Ward

2. FULL NAME Rita Goldsmith

(a) Residence, No. 6342 Laura St. 7 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 10 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
5 10 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Missouri

13. NAME George F. Goldsmith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Anna Mane

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) S. Grady
5600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE March 27th 1937

19. UNDERTAKER (ADDRESS) Street 7 Cornell The Co
4600 National

20. FILED MAR 25 1937 J. P. Braddock
Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from Mar. 21, 1937 to Mar. 24, 1937

I last saw h. or alive on Mar. 24, 1937. Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

Scarlet Fever Date of onset 3-20-37

Rh. fever 3-20-37

Septicemia

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Chin. Chol. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

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?

If so, specify

(Signed) Henry J. Blum M. D.

(Address) 5600 Arsenal

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

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN'S SIGNATURE

