

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1008**
 City **St. Louis, Mo.** (No. **3856 Lee Ave.**) St. _____ Ward _____

File No. **22316**
 Registered No. **6068**

2. FULL NAME August F. Goldstein.

(a) Residence, No. **3856 Lee Ave.** St. **10** Ward **1**
 (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 **Male.** 4. COLOR OR RACE **White.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married.**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Bertha Goldstein. (Brochman)**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 18, 1855.**
 7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.
81 7 3

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. **Retired.**
 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) **St. Louis, Mo.**

13. NAME **Henry Goldstein.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**

15. MAIDEN NAME **Christina Fleer.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**

17. INFORMANT **Bertha Goldstein.** (ADDRESS) **3856 Lee Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Johns,** DATE **June 24, 1937**

19. UNDERTAKER **Math Hermann & Som.** (ADDRESS) **2161 East Fair Ave.**

20. FILED **JUN 23 1937** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 21, 1937**

22. I HEREBY CERTIFY that I attended deceased from **July 15, 1937** to **June 21, 1937**
 that saw him alive on **June 21, 1937** Death is said to have occurred on the date stated above, at **6.20 P. M.**

The principal cause of death and related causes of importance were as follows:
Prostatic Carcinoma Date of onset **?**

Other contributory causes of importance:
5/10

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) **J. H. [Signature]**
 (Address) **4002 Lee 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.

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