

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

**38767**  
Do not use this space.

**NOV 23 1937**

**1. PLACE OF DEATH**

(a) County St. Louis Registration District No. 789  
 (b) Township Bourbonnais Primary Registration District No. 6033  
 (c) City Crestview (d) Street No. Creve Coeur Lake St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Maxwell Goldman

(a) Residence, No. 5928 Pershing Ave. St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**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 Goldie Simpson Goldman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
55 2 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Musician  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) Sept. 28, 1937 11. Total time (years) spent in this occupation 38 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York  
New York

13. NAME Sam Goldman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw  
Poland

15. MAIDEN NAME Anna Silvester

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

17. INFORMANT (ADDRESS) Mrs Maxwell Goldman  
5928 Pershing Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory Oct, 5, 1937

19. FUNERAL DIRECTOR (ADDRESS) Alexander & Sons  
6175 Delmar Blvd.

20. FILED 10-5- 19 37 Ada Bachner  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 5:30 m.

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

Drowning while fishing in a skiff on a public lake Date of onset 9/6/37

Other contributory causes of importance:

Name of operation none Date of.....  
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury 9/28, 1937  
 Where did injury occur? Crestview Mo.  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Drowning  
 Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) John D. Caspell M. D.  
 (Address) Coroner, St. Louis Co.

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.

Central 96

209

2  
2  
2

2/20

STATEMENT BY LICENSED EMBALMER

I, jos. E. McCulloch....., Licensed Embalmer No. 2460  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

..... L. E.  
No. + Ernst Altman....., Registered Apprentice No. ....

working under my personal supervision.

Signed jos. E. McCulloch  
..... Licensed Embalmer No. 2460

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)