

DEC 13 1937

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

39484  
Do not use this space.

791 2  
1003 1

10471

1. PLACE OF DEATH

- (a) County ..... Registration District No. ....
- (b) Township ..... Primary Registration District No. ....
- (c) City St. Louis Mo (d) Street No. Home 1309 Blackstone St. 6  
(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 25 yrs. mos. ds. (f) How long in U.S., if of foreign birth? 27 yrs. mos. ds.

2. PRINT FULL NAME HEKMAN - GOZ.

- (a) Residence, No. 1309 Blackstone Ave - St. 6  
(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 <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>MOLLIE GOZ.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>UNKNOWN</u>		
7. AGE YEARS <u>About- 62</u>	MONTHS <u>—</u>	DAYS <u>—</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>TAILOR</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>GREENSPAN-Clothing</u>		
10. Date deceased last worked at this occupation (month and year) <u>NOV. 10 37</u>		11. Total time (years) spent in this occupation <u>25 1/2</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
RUSSIA.

13. NAME  
SOLOMON - GOZ.

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

15. MAIDEN NAME  
REBA (unknown).

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

17. INFORMANT (ADDRESS)  
ALBE - GOZ, 1309 Blackstone Ave

18. BURIAL, CREMATION, OR REMOVAL  
PLACE CHESED SHAL EMEH DATE Nov-11 37

19. FUNERAL DIRECTOR (ADDRESS)  
OYEN H ANDLER, F. Dine 4469 Washington Blvd.

20. FILED  
NOV 11 1937  
J. E. Bredeck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-11 1937

22. I HEREBY CERTIFY, That I attended deceased from  
Jan, 1932, to 11/11, 1937  
I last saw him alive on Oct 30, 1937. Death is said to have occurred on the date stated above, at I.A. m.  
The principal cause of death and related causes of importance were as follows:

Cerebral embolus  
Cerebral hemorrhage

Date of onset

Other contributory causes of importance:  
Arteriosclerosis

Name of operation none Date of none  
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury none, 1937  
Where did injury occur? none  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no  
(Signed) Alfred Juleman, M. D.  
(Address) 4500 Olive

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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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

**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.)**