

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

8658
 Do not use this space.

1938 APR 1 1938

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 721
 (b) Township St. Louis Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. Jewish Hosp. Registered No. 2247
 (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 31 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Abraham Golub 410

(a) Residence, No. 3440a Belt St. 6 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Lottie Golub

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 8 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Owner
 9. Industry or business in which work was done, as saw mill, bank, etc. Shoe Repairing
 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) Poland 7

FATHER 13. NAME Elchonon Golub 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland 7

MOTHER 15. MAIDEN NAME Leah (unk)

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

17. INFORMANT (ADDRESS) Sam Golub 411 N. 8th. Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth 3/6 38

19. FUNERAL DIRECTOR (ADDRESS) H. B. Berger 4715 McPherson

20. FILED APR 1 1938 J. D. Brueck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1938 to March 5, 1938

I last saw him alive on March 5, 1938 Death is said to have occurred on the date stated above, at 10:40 P. m.

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

EMBOLISM, multiple cerebral (massive etc) MITRAL STENOSIS with aortic atherosclerosis fibrillation

Date of onset 2/16/38

Other contributory causes of importance: 97

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Verne E. Cook, M. D.
 (Address) 508 N. Grand Bl

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATEMENT BY LICENSED EMBALMER

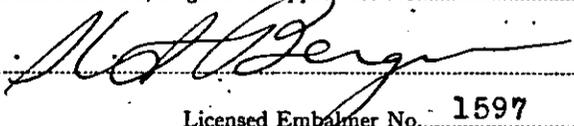
I, Herbert I. Berger, Licensed Embalmer No. 1597

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed: 

Licensed Embalmer No. 1597

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.)