

NOV 16 1938

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

33768
Do not use this space.

1. PLACE OF DEATH
 (a) County / Registration District No. 791
 (b) Township / Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. Jewish Hosp. Registered No. 8754
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jennie Goodman
 (a) Residence, No. 5090 Enright St. 12
 (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 female
 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 Dave Goodman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) (UNK)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 ab 43

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belogorodka U.S.S.R.

FATHER
 13. NAME Abraham Fortes
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belogorodka U.S.S.R.

MOTHER
 15. MAIDEN NAME Motel Altman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belogorodka U.S.S.R.

17. INFORMANT (ADDRESS) George Goodman 5090 Enright

18. BURIAL, CREMATION, OR REMOVAL PLACE ChesedShelEmeth DATE 10/7 1938

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

20. FILED OCT 7 1938 J. J. Bredehn Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/6 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1938, to 10/6 1938
 I last saw her alive on 10/6 1938. Death is said to have occurred on the date stated above, at 1:00 p.m.
 The principal cause of death and related causes of importance were as follows:
 Crachnoidites Pleuropneumonia Bronchitis
 Date of onset 10/5/38

Other contributory causes of importance:
 Name of operation Craniotomy Date of 10/5/38
 What test confirmed diagnosis? Operative 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) E. S. Galeoff M. D.
 642 No. Bldg (Address)

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.

CE4213

STATEMENT BY LICENSED EMBALMER

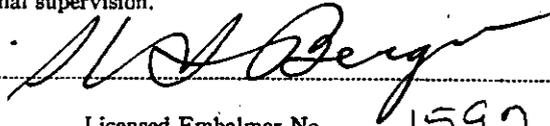
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

H. F. BERGER

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....



Licensed Embalmer No.....

1597

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.