DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUL 12 1939

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 20572

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 5416

**1. PLACE OF DEATH:**

(a) County

(b) City or town St Louis Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Old Folk's Home 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs 8 months (Specify whether

In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St Louis

(c) City or town St Louis 19 (If outside city or town limits, write "RURAL")

(d) Street No. 1438 East Grand Blvd (If rural, give location)

(e) If foreign born, how long in U. S. A.? 42 years.

3. (a) PRINT FULL NAME GOLDSTEIN LOTTIE

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Adel Goldstein

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased April (Month) 18 (Day) 1860 (Year)

8. AGE: Years 78 Months 2 Days 0 If less than one day hr. min.

9. Birthplace (City, town, or county) Russia (State or foreign country)

10. Usual occupation Housework

11. Industry or business Housework

FATHER
12. Name Schmeel-Eish-Doodelzock
13. Birthplace Zoha (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Gittel
15. Birthplace Zoha (City, town, or county) Russia (State or foreign country)

16. (a) Informant's own signature Sam Getz

(b) Address 4859 Page Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Oxenhandler Funeral Home

(b) Address 4469 Washington Blvd.

19. (a) JUN 19 1939 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 18 year 1939 hour 1:45 minute P M.

21. I hereby certify that I attended the deceased from 1935 ~~June 18~~, 1935, to June 18, 1939 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral apoplexy | 14 days |
| Due to Arteriosclerosis | |
| Due to Hypertension | |
| Other conditions — (Include pregnancy within 3 months of death) | |
| Major findings: Of operations — | PHYSICIAN — |
| Of autopsy — | Underline the cause to which death should be charged statistically |

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature Jos M Orenstein (M. D. or other)

Address 5300a Easton Ave Date signed 6/19/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

REV. 5-11-39 I X19511

## 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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

No Embalming

Signed.....

Licensed Embalmer No.....

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.**