

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7536**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5102 Maple
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3**
(Specify whether)
 In this community **36 yrs**
years, months or days

3. (a) PRINT FULL NAME **Faval Gold**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **no**

4. Sex **male** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **WIDOWED**
 6. (b) Name of husband or wife **Clara Gold**
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **(unk)**
(Month) (Day) (Year)

8. AGE: Years **ab 88** Months _____ Days _____
 If less than one day _____ hr. _____ min.

9. Birthplace **Kishnef, Bess Arabia Russia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Ladies tailor**

11. Industry or business _____

MOTHER FATHER { 12. Name **(unk) Gold**
 13. Birthplace **Russia**
(City, town, or county) (State or foreign country)

14. Maiden name **(unk)**
 15. Birthplace **Russia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sam Gold**
 (b) Address **6221 Northwood**

17. (a) **burial** (b) Date thereof **9/6/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shelemeth**

18. (a) Signature of funeral director **H. B. Berger**

(b) Address **4715 McNaerson**

19. (a) **SEP 8 1940** (b) **J. J. Brudick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
 (c) City or town **St. Louis** **5**
(If outside city or town limits, write "RURAL")
 (d) Street No. **6221 Northwood**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. **36** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **7**
 year **1940** hour **6-AM** minute _____ M.

21. I hereby certify that I attended the deceased from **August 25**, 19**40** to **Sept 17**, 19**40**
 that I last saw him alive on **Sept 6**, 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Stroke - Senility**
Progressive Paralysis cerebral
 Due to **Senility**

Due to **Arterio Sclerosis**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **82a**
 Of operations _____

Of autopsy **X**

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?

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature **Chris L. Morey** (M. D. or other) **(MOSELEY)**
 Address **5200^a Page ave** Date signed **9-7-40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2
0-39
-39
21492

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.

Signed



Licensed Embalmer No. 1597

P. O. Address 4715 Mc Pherson

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.