No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8197

State File No.

Registration District No. 784 — Primary Registration District No. 200 — Registrar's No. 308

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

1. PLACE OF DEATH:

(a) County St Louis Rotterdam

(b) City or town Rural St. Ferdinand. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Sanatorium 2 St Louis (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 10 mo. 7 days. (Specify whether In this community 14 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 06

(c) City or town University City 3 (If outside city or town limits write "RURAL")

(d) Street No. 808 Leland 5 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 128 years.

3. (a) PRINT FULL NAME Joseph Louis Goulka

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 married

6. (b) Name of husband or wife Eva Goulka

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

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

8. AGE: Years ab. 57 | Months | Days | If less than one day hr. min.

9. Birthplace Kiev (City, town, or county) 6 Russia (State or foreign country)

10. Usual occupation Cantor

11. Industry or business

FATHER
12. Name Selig Goulka
13. Birthplace (City, town, or county) 6 Russia (State or foreign country)

MOTHER
14. Maiden name Sima Leah (unk)
15. Birthplace (City, town, or county) 6 Russia (State or foreign country)

16. (a) Informant James Goulka

(b) Address Decatur, Illinois

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/9/41 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) FEB - 9 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7 year 1941 hour 11 minute 30 a. M.

21. I hereby certify that I attended the deceased from April 2, 1939, to Feb 7, 1941; that I last saw him alive on Feb. 7, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to Gen. Arteriosclerosis	
Due to Auricular Fibrillation	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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 [signature] (M. D. or other) D

Address Jewish Sanitorium St Louis, Mo. Date signed 2-7-41

(Licensed Embalmer's Statement on Reverse Side)

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.....(Herbert I. Berger)

Licensed Embalmer No.....1597

P. O. Address.....St. Louis, Mo.

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.