

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

Registration District No. 780

Primary Registration District No. 111

Registrar's No. 1191

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rich Hafo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. Chase Hotel 9
(If rural, give location)

(e) Citizen of foreign country? St. Louis / (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Morris Goldman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Sidonia K. Goldman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 3 1863
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 5
year 1941 hour 3 minute P M.

21. I hereby certify that I attended the deceased from June 2, 1941 to June 5, 1941
that I last saw him alive on June 5, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 1 Days 2 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral hemorrhage Duration 3 days

Due to Hypertensive Vascular Disease 10 yrs

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 5 months of death) _____

10. Usual occupation furniture dealer

11. Industry or business Samuel Goldman

MOTHER { 12. Name _____

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Babette Mathes

15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings: 87a1

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Stanley Goldman

(b) Address 1104 Olive St. 6-8-41

17. (a) burial (b) Date thereof 6-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

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? _____

18. (a) Signature of funeral director H. Rindorf

(b) Address 5216 Delmar

19. (a) JUN - 6 1941 (b) K. Meyer M.D. Ch. B. J.
(Date received local registrar) (Registrar's signature)

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

23. Signature Beaumont Bley (M. D. or other) 0

Address _____ Date signed _____

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 W. C. Cooper
Licensed Embalmer No. 3830
P. O. Address. 5216 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.