

S. No. 2
1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30485
Registrar's No. 7824

Registration District No. 791

Primary Registration District No. 1003

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:
Jewish Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 31 yrs
years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County San
(c) City or town St. Louis 21 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2121 Market 9
Alien #1785656 (If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sam Goldstein
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 29
year 1941 hour 7:10 minute _____ P. M.

4. Sex male 0 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Anna Goldstein
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. (Month) (Day) (Year) (unk)

21. I hereby certify that I attended the deceased from 8-18, 1941, to 9-29, 1941.
that I last saw him alive on 9-29, 1941,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
ab. 47 hr. _____ min.

Immediate cause of death Small intestinal fistula
Recurrent carcinoma of sigmoid
Due to Recurrent carcinoma of sigmoid
Duration 6 mo.

9. Birthplace Grodno Poland 4
(City, town, or county) (State or foreign country)
10. Usual occupation cobbler

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: Of operations Recurrent carcinoma of sigmoid
Of autopsy none

MOTHER FATHER
11. Industry or business _____
12. Name Elijah Jaback
13. Birthplace Poland 4
(City, town, or county) (State or foreign country)
14. Maiden name Esther Bella Wolff
15. Birthplace Poland 4
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant H. Kepp
(b) Address 5229 Enright
17. (a) burial (b) Date thereof 9/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial
18. (a) Signature of funeral director _____
(b) Address 4715 McPherson
19. (a) SEP 30 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature Charles [Signature] (M. D. or other) _____
Address 216 S. Kingshighway Date signed 9-30-41

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

20
17
9

6:3

19

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.....

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, fact should be so stated above.