S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1942

Registration District No. 1291

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8602

State File No. 3182

Primary Registration District No. 1003

Registrar's No.

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

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17
9

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: ~~Home~~ 1417a Granville Pl
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 6 000 17 9

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

(d) Street No. 1417a Granville Pl
(If rural, give location)

(e) Citizen of foreign country? Russia (Yes or ~~No~~)
If yes, name country Zivill - Russia 0

3. (a) PRINT FULL NAME Abraham Goldman

3. (b) If veteran, name war no.

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Late Carol Goldman

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

7. Birth date of deceased Mar (Month) 8 (Day) 1865 (Year)

8. AGE: Years 77 | Months 1 | Days — | If less than one day — hr. — min.

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

10. Usual occupation Coal Salesmen

11. Industry or business

FATHER
12. Name Aaron Josef Goldman
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

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

16. (a) Informant Harry H. Goldman
(b) Address 1417 Granville Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-42 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Oberhandler E.L.
(b) Address 4469 Washington Blvd.

19. (a) APR 9 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 8
year 42 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9/2/41, 19 to 4/8/ 1942;
that I last saw him alive on 4/7/ 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency

Due to Senility

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration: Several Years

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 Robert Potashnick (M. D. or other) M.D.
Address 401 Humboldt Bldg Date signed 4/8/42

(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 W. B. Openhandle

Licensed Embalmer No. 3669

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.