

S. No. 2
-9-4-41
5-17-39
X 29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 22781
Registrar's No. 6303

REGISTRATION DISTRICT NO. HLW AUG 6 7 1942

Primary Registration District No. _____

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 _____
(Specify whether years, months or days) 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University
(If outside city or town limits, write "RURAL") 96 NR
(d) Street No. 739 Leland
(If rural, give location) 3
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Morris Goldstein

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

4. Sex male 5. Color or white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ida Wolff Goldstein 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased May 8 1876
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>66</u> | <u>2</u> | <u>16</u> | hr. _____ min. |

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

10. Usual occupation retail shoes

11. Industry or business retired 1936

12. Name Benum Goldstein

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

14. Maiden name unk

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

16. (a) Informant Joseph Goldstein

(b) Address 739 Leland

17. (a) burial (b) Date thereof July 26, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

18. (a) Signature of funeral director 4715 McPherson

(b) Address JUL 26 1942

19. (a) (Date received local registrar) (b) J. F. Bredner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1942 hour 12:30 minute a. M.

21. I hereby certify that I attended the deceased from July 21, 1942
to July 24, 1942
that I last saw him alive on July 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 days

Due to Generalized arterio-sclerosis 7 years

Due to Bronchial Asthma

Other conditions Bronchial Asthma 10 years
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy NO
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?

While at work? _____ (Specify type of place) _____
Mean of injury D
3. Signature Elmer Bredner (M. D. or other)
Address 634 No. Grand Date signed 7/25/42

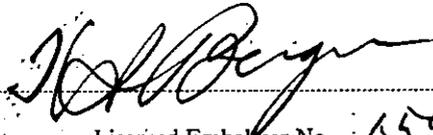
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
Mrs. Thea G. Guilder's

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 W. McPherson

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.