V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38764

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10483

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 Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6188 McPherson
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Louis 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 Widower
6. (b) Name of husband or wife Addie Goldman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: about Years 72 Months -- Days 0- If less than one day hr. min.

9. Birthplace (City, town, or county) Russia 6 (State or foreign country)
10. Usual occupation Retired
11. Industry or business Merchant
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)
16. (a) Informant Dr. Alfred Goldman
(b) Address 1200 Hampton Pk. Dr.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery
18. (a) Signature of funeral director Herman Rudolph
(b) Address 5216 Delmar Blvd.
19. (a) DEC 16 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1942 hour minute 5 P.M.
21. I hereby certify that I attended the deceased from Oct. 1942, to Dec 14 1942 that I last saw him alive on Dec 14 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis, acute	
Due to	
Due to	
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 Alfred Goldman (M. D. or other) M.D.
Address 634 N. Grand Date signed 12/14/42

(Licensed Embalmer's Statement on Reverse Side)

944

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 Chas. W. Cooper

Licensed Embalmer No. 38 B.O.

P. O. Address 5216 Delmar

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.