V. S. No. 2 — FILED
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I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 26 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 298

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 522

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 (Specify whether
In this community 42 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 6

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1319 Montclair
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country Alien REGISTERED

3. (a) PRINT FULL NAME Dave Goldman

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race 0 white

6. (a) Single, widowed, married, divorced 1 married

6. (b) Name of husband or wife Ethel GOLDMAN

6. (c) Age of husband or wife if alive AB. 60 years

7. Birth date of deceased SEPT. (Month) 24 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	3	24	hr. min.

9. Birthplace Wilma (City, town, or county) Lithuania 8 (State or foreign country)

10. Usual occupation Retail D. Goods

11. Industry or business P

FATHER
12. Name (UNK) GOLDMAN
13. Birthplace (City, town, or county) Lithuania 8 (State or foreign country)

MOTHER
14. Maiden name (UNK)
15. Birthplace (City, town, or county) Lithuania 8 (State or foreign country)

16. (a) Informant Sam GOLDMAN
(b) Address 1319 MONTCLAIR

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/19/43 (Month) (Day) (Year)
(c) Place: burial or cremation Beth Ham Hag

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 Mc Pherson

19. (a) JAN 19 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1943 hour 4 45 minute P M.

21. I hereby certify that I attended the deceased from 12/9, 1942, to 1/18, 1943; that I last saw him alive on Jan 18, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Gas Gangrene Lf thigh

Due to

Due to

Other conditions diabetic gangrene
(Include pregnancy within 3 months of death)
diabetic pseudotabes

Major findings:
Of operations

Of autopsy (1) gas gangrene Lf thigh
(2) Pyonephrosis

Duration

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 Leo O. Sachar (M. D. or other) MD
Address Jewish Hosp. Date signed 1-18-43

(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.....

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.