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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 2 1943

Registration District No. 2290

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5983

State File No. 22221

Registrar's No. 29 (84)

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

1. PLACE OF DEATH:

(a) County: Pulaski

(b) City or town: Ft. Leonard Wood, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Quarters No 115 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: -- In this community: 22 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Minnesota (b) County: Ramsey

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

(d) Street No.: 849 Linwood (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country:

3. (a) PRINT FULL NAME: Mildred (NMI) Goldish

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

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Single

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

7. Birth date of deceased: July (Month) 11 (Day) 1910 (Year)

8. AGE: Years 32 Months 11 Days 5 If less than one day: hr. min.

9. Birthplace: St. Paul (City, town, or county) Minnesota (State or foreign country)

10. Usual occupation: Nurse, U.S.Army N775807

11. Industry or business: 2nd Lt ANC Station Hospital

FATHER 12. Name: Simon Goldish

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

MOTHER 14. Maiden name: Unknown

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

16. (a) Informant: U.S. Army Records

(b) Address: Fort Leonard Wood, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: June 18, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Paul, Minn.

18. (a) Signature of funeral director: Null & Son Funeral Home

(b) Address: Rolla, Missouri.

19. (a) June 18 1943 (Date received local registrar) (b) [illegible] (Registrar's signature)

6/21/1943 by Sylvia [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 17 year: 1943 hour: 0630 minute: M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Gastroenteritis, acute, cause undetermined.

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations:

Of autopsy: As Above

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: Helen L. Franke (M. D. or other) MD

Address: Fort Leonard Wood, Mo. Date signed: 6-18-43

(Reverse Side)

HEALTH DEPARTMENT
PULASKI COUNTY
RECEIVED
Pulaski County Health Officer
File Number 2-43-83
Date Filed 2-1-43

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 S. C. Nuee

Licensed Embalmer No. 3297

P. O. Address Rolla Mo

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.