S. No. 2
M—2-43
5-17-[illegible]
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1943

Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39106

Primary Registration District No. 2002

Registrar's No. 2625

96 3 5

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7839 Stanford
(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)

In this community 47 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 7839 Stanford
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Max Goldman

3. (b) If veteran, name war no

3. (c) Social Security No. 497-01-7559

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Beckie Goldman

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

7. Birth date of deceased unknown (Month) (Day) (Year)

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

9. Birthplace Volhynia (City, town, or county) U.S.S.R. (State or foreign country)

10. Usual occupation Inspector unemployed

11. Industry or business clothing factory

FATHER
12. Name Abraham Cooperwass
13. Birthplace Unknown (City, town, or county) U.S.S.R. (State or foreign country)

MOTHER
14. Maiden name Toba (unk)
15. Birthplace Unknown (City, town, or county) U.S.S.R. (State or foreign country)

16. (a) Informant A. Louis Goldman
(b) Address 7817 Cornell

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/26/43 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

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

19. (a) NOV 27 1943 (Date received local registrar) (b) E. H. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25 year 1943 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from November 12, 43 to November 25, 1943 that I last saw him alive on November 25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Ht. Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Nephritis	years.

Major findings:
Of operations
Of autopsy none

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) (e) Means of injury

23. Signature Chas. S. Rosen (M. D. or other)
Address 539 N. Grand Date signed 11/25

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(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.