. S. No. 2
M—1-4-41
v. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 6 1944

Registration District No. 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43583

Primary Registration District No. 6075

Registrar's No. 376

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 yr. 5 mos. 26 das.
(Specify whether years, months or days)

In this community [illegible]

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. City Sanitarium
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Louis Goldstein

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male

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 Unknown (Month) (Day) (Year)

8. AGE: Years Abt 61 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Russia 6 (State or foreign country)

10. Usual occupation Tailor

11. Industry or business

FATHER
12. Name Michael Goldstein
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Lena Sandler
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Irwin Goldstein & Records State Hospital No. 4
(b) Address Hector Hotel

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 27 43 (Month) (Day) (Year)
(c) Place: burial or cremation Beth Hammodrosh Hagodol

18. (a) Signature of funeral director Oxenhandler
(b) Address 4469 Washington

19. (a) Dec. 29-1943 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25 year 1943 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from April 1, 1943, 19 to December 25, 1943 that I last saw him alive on December 25, 1943, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Gall (most lyx)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

53

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 [illegible] (M. D. or other) [illegible]
Address 408 N [illegible] Date signed 12-28-43

1146 (Licensed Embalmer's Statement on Reverse Side) Farmington, Mo.

RECEIVED

District Health Officer No. 4

District File Number 144-3134

Date Filed 1-5-44

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 [signature]

Licensed Embalmer No. 3669

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.