

No. 2  
5-43  
5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

351

State File No. ....

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1054

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
1422a Angelica St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 1422a Angelica St.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Bertha Goldstein  
3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife August F. Goldstein 6. (c) Age of husband or wife if alive ----- years  
7. Birth date of deceased November 11, 1862  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 31,  
year 1944 hour 7:00 AM minute ----- M.  
21. I hereby certify that I attended the deceased from Dec 23,  
1943 to Jan 31, 1944  
that I last saw her alive on Jan 30, 1944  
and that death occurred on the date and year stated above.

Immediate cause of death Codwary thrombosis  
Due to arterio sclerosis 2 years  
Other conditions GH  
(Include pregnancy within 3 months of death)

8. AGE: Years 81 Months 2 Days 20 If less than one day hr. ----- min. -----  
9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign county)  
10. Usual occupation At home  
11. Industry or business John H. Brockmann  
12. Name Unknown  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign county)  
14. Maiden name Unknown  
15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign county)  
16. (a) Informant Mrs Lulu Heidbreder  
(b) Address 1422a Angelica St.  
17. (a) Burial (b) Date thereof 2/3/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Johns Cemetery  
18. (a) Signature of funeral director Math Hermann & Son  
(b) Address 2161 East Fair Ave  
19. (a) FEB 2 1944 (b) J. F. Bredek  
(Date received local registrar's certificate) (Registrar's signature)

Major findings:  
Of operations no  
Of autopsy no  
22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence no  
(c) Where did injury occur? (City or town) (County) (State) no  
(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 no  
23. Signature J. W. McDonald (M. D. or other) 0  
Address 5709 N. Grand Date signed 2-1-44

Duration 2 years  
PHYSICIAN GH  
Underline the cause to which death should be charged statistically.

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

---

---

**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 *Hughes G. Burnley*  
Licensed Embalmer No. *4202*  
P. O. Address *St. Louis*

**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.**