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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4288.

Registration District No. FILED JAN 31 1944

Primary Registration District No. 6076

Registrar's No. 188

1. PLACE OF DEATH:

(a) County St. Louis Mo

(b) City or town Rural St Ferdinand Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: O WISE SANATORIUM (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years and 0 months (Specify whether)

In this community 34 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96 3 5

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

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

(d) Street No. 6246 North Drive (If rural, give location)

(e) If foreign born, how long in U. S. A.? 34 years 1 years

3. (a) PRINT FULL NAME Isaac Goffstein

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Fannie Guretsky Goffstein

6. (c) Age of husband or wife if alive 58 years

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

8. AGE: Years about 59 | Months | Days | If less than one day hr. min.

9. Birthplace Kiev (City, town, or county) U.S.S.R. 6 (State or foreign country)

10. Usual occupation Presser

11. Industry or business mens clothing fcty.

FATHER
12. Name Yehuda Leib Goffstein
13. Birthplace unknown (City, town, or county) U.S.S.R. 6 (State or foreign country)

MOTHER
14. Maiden name Adeline Schulman
15. Birthplace unknown (City, town, or county) U.S.S.R. 6 (State or foreign country)

16. (a) Informant Daniel Goffstein

(b) Address 6246 North Drive.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/23/44 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson ave.

19. (a) JAN 25 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day twenty one year 1944 hour 12 minute 20 P M.

21. I hereby certify that I attended the deceased from April 3, 1941, to January 21, 1944 that I last saw him alive on January 21, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Septicemia	3 weeks
Due to Carbuncle of the neck	
Due to	
Other conditions (Include pregnancy within 3 months of death) chronic emphysema	since about 7 years
~~Major findings: Of operations~~ chronic degeneration of the myocardium	
Of autopsy 151:1	

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)

Address [illegible] SANATORIUM Date signed Jan 21 44

(Licensed Embalmer's Statement on Reverse Side) ROBERTSON, MO.

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.