

FILED MAR 13 1944

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1003

Registrar's No. **2177**

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days _____

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. 616 Leland ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fannie Goldberg

3. (b) If veteran, name, war no 3. (c) Social Security No. 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 June 10, 1895
(Month) (Day) (Year)

8. AGE: Years 48 Months 8 Days 24 If less than one day hr. _____ min. _____

9. Birthplace St. Louis
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Harry L. Goldberg

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

14. Maiden name Anna Dorothy Cramer

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

16. (a) Informant Mrs. Sarah Cohen

(b) Address 6660 Washington

17. (a) burial (b) Date thereof 3/5/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Ham. Hag.

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson ave.

19. (a) MAR 5 1944 (b) J. F. Prebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1944 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to March 4, 1944
that I last saw him _____ alive on March 4, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: myelogenous Leukemia Duration 7 yrs

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 J. F. Prebeck (M. D. or other) _____
Address 7369 Mayland Date signed 3/5/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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. 1577.....

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.