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22471

State File No.

Registrar's No. 1344

FILED JUN 23 1944
Registration District No.

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 45 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 5817 Pershing (If rural, give location) 9
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Sarah 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 widowed
6. (b) Name of husband or wife Jacob Goldberg 6. (c) Age of husband or wife if alive years
7. Birth date of deceased 8-18-1878
(Month) (Day) (Year)

8. AGE: Years ab. 65 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Kremenitz 4 Poland
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name Mordecai Edelman
13. Birthplace Unknown 4 Poland
(City, town, or county) (State or foreign country)
14. Maiden name Annie Silverberg
15. Birthplace Unknown 1 Poland
(City, town, or county) (State or foreign country)

16. (a) Informant N. Goldberg
(b) Address 910 Audubon
17. (a) Burial (b) Date thereof 6/21/1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (g) Signature of funeral director Berger Memorial
(b) Address 4715 Mc. Pherson

19. (a) JUN 22 1944 (b) C. J. MacSwain, M.D.
(Date received local registrar) (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1944 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 3, 1944, to June 30, 1944
that I last saw her alive on June 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerotic Heart Disease Duration years
Due to art. Sclerosis - Hypertension years

Other conditions Fracture left arm 9/10 yrs
(Include pregnancy within 3 months of death)
Diabetes Mellitus (years)

Major findings:
Of operations Fracture left arm
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) Accident 000
(b) Date of occurrence June 2/44
(c) Where did injury occur? St. Louis (City or town) (County) (State) Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Street

(Specify type of place) While at work? 0 (e) Means of injury Fall
23. Signature Arthur E. Strauss (M. D. or County)
Address 539 N. Grand Date signed 6/21/44

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

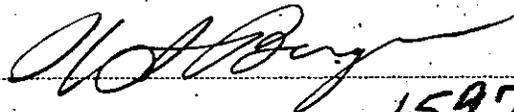
AUG 21 1944

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.