

FILED DEC 5 1944 318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 10095

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3224 Henrietta  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 39 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Louis Gold

3. (b) If veteran, name war no 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Goldie Gold 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 21 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>3</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation carpenter

11. Industry or business retired

12. Name Meyer Hirsch Gollub

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

14. Maiden name Maryassa Skimyansky

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

16. (a) Informant Mrs. Marie Powell

(b) Address 5725 Westminster

17. (a) Burial (b) Date thereof 11/28/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bnai Amoona

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 Mc Pherson

19. (a) NOV 28 1944 J. F. Baedeck  
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3224 Henrietta  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26  
year 1944 hour 9 minute 50 a.m.  
2:00 p.m.

21. I hereby certify that I attended the deceased from Nov 26 at  
2:00 p.m. 19 44, to death Nov 26 19 44  
that I last saw him alive on November 26 19 44  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration \_\_\_\_\_  
Severe about 1 yr.  
Due to arteriosclerosis, severe 10 yrs.

Due to \_\_\_\_\_  
Other conditions Hypertension  
(Include pregnancy within \_\_\_\_\_ months of death)

Major findings: Of operations None PHYSICIAN \_\_\_\_\_  
Of autopsy None 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) None  
(b) Date of occurrence None  
(c) Where did injury occur? None  
(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 \_\_\_\_\_  
What work? None (e) Means of injury \_\_\_\_\_  
23. Signature Harry E. Mantz (M. D. or other) M.D.  
Address 3720 Washington Date signed Nov 27

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

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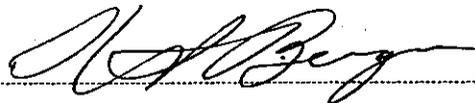
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1944

**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.**