

REC JUN 30 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5240

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: Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 55 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 005 17 1  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 5721 McPherson Avenue  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Morris Goldstein

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 Sarah Goldstein 6. (c) Age of husband or wife if alive 15 years  
7. Birth date of deceased March 15 1872  
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 28 If less than one day hr. min.

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

10. Usual occupation Tailor

11. Industry or business

MOTHER FATHER { 12. Name Elijah Goldstein  
13. Birthplace Poland  
(City, town, or county) (State or foreign country)  
14. Maiden name Rachel Berendt  
15. Birthplace Poland  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert E. Goldstein  
(b) Address 6938 Kingsbury  
17. (a) burial (b) Date thereof 6-14-45  
(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 McPherson Avenue

19. (a) JUN 14 1945 (b) J. F. Bredick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1945 hour 1:50 minute A M.

21. I hereby certify that I attended the deceased from April 10th 1945 to June 13th 1945  
that I last saw him alive on June 12 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia  
Due to Gen. arteriosclerosis; Cerebral sclerosis with aphasia  
Due to Inguinal Hernia (R+)  
Other conditions (Include pregnancy within 3 months of death) N

Major findings: Of operations 127 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) \_\_\_\_\_  
(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 M. E. Baron D. or other \_\_\_\_\_  
Address University of Mo Date signed 6/13/45

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.....



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.**