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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21953

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5916

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: 5816 Enright 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 5

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5816 Enright ave 9
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Flora Goldman

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female 1

5. Color or race white

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

6. (b) Name of husband or wife Jacob Goldman

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

7. Birth date of deceased July 10, 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 27 If less than one day hr. min.

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

10. Usual occupation at home 6

11. Industry or business

FATHER
12. Name Samuel Smissman
13. Birthplace U.S.S.R. 1
(City, town, or county) (State or foreign country)

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

16. (a) Informant Joseph Goldman
(b) Address 525½ S. 8 Springfield Ills.

17. (a) burial (b) Date thereof 7/9/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Heb.

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson ave.

19. (a) JUL 8 1945 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1945 hour 8 minute 10a M.

21. I hereby certify that I attended the deceased from 8-7, 1942 to 7-7, 1945;
that I last saw her alive on 7-6-45, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease 3rd Degree Block

Due to Hypertension

Due to Arteriosclerosis

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

Duration

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 L. Hayden (M. D. or other) MD
Address 5899 Delmar Date signed 7-7-45

(Licensed Embalmer's Statement on Reverse Side)

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.