

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF HEALTH OF THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

21954

State File No.

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6315**

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 36 years 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")
(d) Street No. 1376a Goodfellow
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME Sarah Goldstein
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 21
year 1945 hour 1:30 minute A. M.

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jacob
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased unknown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 21, 1945, to July 21, 1945.
that I last saw her alive on July 20, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
about 65 _____ hr. _____ min.

Immediate cause of death Coronary Heart Disease 9 wks
Due to hypertensive CV Disease years
diabetic mellitus 10 yrs
neoplasm years

9. Birthplace Yampole Volhynia Poland
(City, town, or county) (State or foreign country)
10. Usual occupation at home 4

Other conditions 61
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Louis Maltzman
13. Birthplace Poland 4
(City, town, or county) (State or foreign country)
14. Maiden name Pearl
15. Birthplace Poland 4
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant M. Goldstein
(b) Address 1376 Goodfellow
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/22/45
(Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial
18. (a) Signature of funeral director J. F. Pherson
(b) Address 4715 McPherson ave.
19. (a) JUL 23 1945 (Date received local registrar) (b) J. F. Pherson (Registrar's signature)

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. Pherson (M. D. or other) _____
Address 3720 Washington St. Date signed 7/21/45

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 *A. S. Berg*.....

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.