

No. 2
-12-45
-17-39
X47070

FILED FEB 3 1948

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 80

1. PLACE OF DEATH

(a) County Chester

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital # 2
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 9 days. years, months or days)

3. (a) PRINT FULL NAME Louis A. Goldman

3. (b) If veteran, name war No 3. (c) Social Security 2037-07-3049

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Cara Goldmann 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June 16 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 0 If less than one day hr. min.

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

10. Usual occupation Night Watchman

11. Industry or business Not given

12. Name Paul Goldman

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

14. Maiden name not given

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

16. (a) Informant Cara Goldmann

(b) Address 907 E 75th Street, K

17. (a) Removal (b) Date thereof Jan 19, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Missouri

18. (a) Signature of funeral director Walter Meixhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 1-22-48 (b) B. LaSalle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 907 E 75th Street
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 16
year 1948 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan 1st 1948 to Jan 16 1948
that I last saw him alive on Jan 16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Dysuria
Parkinson's disease 2 yr

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108

Of autopsy _____

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?

While at work _____ (Specify type of place) (e) Means of injury 0

23. Signature B. Goldman M.D.

Address State Hospital # 2 St. Joseph, Mo Date signed 1/16/1948

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

MOTHER FATHER

20 Fr redish

Left Hand 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..... *A. J. Louis*

Licensed Embalmer No. *3110*

P. O. Address *H. C. M. 2*

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.