

No. 2  
2-45  
7-39  
X47070

FILED JAN 22 1948

State File No. 306  
Registrar's No.

Registration District No. 318 Primary Registration District No.

1003

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

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: Jewish Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days  
(Specify whether \_\_\_\_\_)

In this community 44 yrs.  
years, months or days)

3. (a) PRINT FULL NAME Goldenberg, Betty - Bette

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Morris

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

7. Birth date of deceased (unk)  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

ab. 72 hr. min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name Harry Finger

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

14. Maiden name (unk)

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

16. (a) Informant Harry Solomon

(b) Address 5226 Enright

17. (a) Burial (b) Date thereof 1/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chevra Kedisha Berger Memorial

18. (a) Signature of funeral director 4715 McPherson Av.

(b) Address JAN 12 1948 J. R. Bradick  
(Date received local registrar) (Registrar's signature)

19. (a) \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 030

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

(d) Street No. 5226 Enright  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10  
year 1948 hour 9 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 12<sup>th</sup> Dec 29<sup>th</sup>  
1948 to 10<sup>th</sup> Jan. 1948  
that I last saw her alive on 10<sup>th</sup> Jan. 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 2 days

Due to Intertracheal fracture  
left hip & Colles' left wrist

Due to \_\_\_\_\_

Other conditions (Include present within 3 months of death) 1/8/48

Major findings Of autopsies \_\_\_\_\_

Of autopsies \_\_\_\_\_

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) Accident

(b) Date of occurrence 29<sup>th</sup> Dec. 47

(c) Where did injury occur? Home St. Louis Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury Fell down stairs

23. Signature Fluvelyn Sale (M. D. or other) \_\_\_\_\_  
Address Jewish Hosp. Date signed 11 Jan 48

**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.....

*Peter Rudwig*  
Licensed Embalmer No. *4229*

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.**

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THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri  
City of St. Louis } ss.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 306

On this 9th day of February, 1948, before me appears.....

Mr. Sol Goldenberg, who, upon his oath, states that the original record of ~~birth~~ death  
for Betty Goldenberg, <sup>died</sup> ~~born~~ January 10, 1948, in the State of  
Missouri, and which was filed at St. Louis on 1/11, 1948, should be corrected as follows:

Item No. 3 should read Betty Goldenberg (A/K/A Bettie Goldenberg)

Instead of Betty Goldenberg

Item No. .... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Sol Goldenberg Son  
Relationship.

1382 Goodfellow  
Present Address.

Subscribed and sworn to before me this 9th day of February, 1948

My Commission expires June 8, 1951 [Signature] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-2553 1948