

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

FILED AUG 13 1948
Registration District No. 387

Primary Registration District No. 6576

State File No. _____
Registrar's No. 1094

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
6307a Isabelle Ave.
(If not in hospital or institution, write street number or location)

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

In this community _____
(Specify whether years, months or days)

3: (a) PRINT FULL NAME JOSEPH J. GOLDSCHMIDT

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Charlotte

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Oct. 6 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>9</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Owner

11. Industry or business Goldschmidt Ticket Agency

12. Name George Goldschmidt

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

14. Maiden name Josephine Strunk

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

16. (a) Informant Raymond J. Goldschmidt

(b) Address 6307a Isabelle Ave.

17. (a) Burial (b) Date thereof 8-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 S. Kingshighway Bl.

19. (a) 7-31-48 (b) Leud G. Schapm
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 9b

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 6307a Isabelle Ave.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1948 hour 4:40 minute _____ P.A.M.

21. I hereby certify that I attended the deceased from 5-1-48
1948 to 7-29 1948

that I last saw him alive on 7-29 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Carcinoma of Prostate

Due to _____

Other conditions 51/88
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Prostate

Of autopsy _____

PHYSICIAN

Duration _____

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 _____

23. Signature J. N. Stewart (M. D. or other) DO.

Address 1469 Hadamant St. Louis Date signed 7-30-48

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.