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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 9 1948 318

1003

Registrar's No. 8557

Registration District No. .... Primary Registration District No. ....

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

(d) Length of stay: In hospital or institution..... (Specify whether)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Good

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

(d) Street No. 4342 Delor St  
(If rural, give location)

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

3. (a) PRINT FULL NAME Albert Goldschmidt

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

3. (c) Social Security No. 488-01-9330

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day September  
year 1948 hour 4:25 minute P. M.

4. Sex Male 5. Color or race White

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

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

21. I hereby certify that I attended the deceased from Sept. 10, 1948 to Sept. 28, 1948  
that I last saw him alive on Sept. 28, 1948  
and that death occurred on the date and hour stated above.

7. Birth date of deceased: November 28th, 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 10 0 hr. min.

Immediate cause of death..... Duration  
Carcinoma of the rectum 2 Yrs.

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

10. Usual occupation: Retired

Due to.....

Due to.....

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

11. Industry or business Grocery Clerk

12. Name: Theodore Goldschmidt

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

14. Maiden name: Johanna Moeckel

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

Major findings: Carcinoma of rectum

Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant: Theo. O. Goldschmidt

(b) Address: 5957 Columbia Ave.

17. (a) Burial (b) Date thereof: 10-1-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Paul's Churchyard

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?.....

18. (a) Signature of funeral director: J. J. Bralock

(b) Address: 6409 Gravois Ave.

19. (a) Oct 1 1948 (b) J. J. Bralock  
(Date received local registration) (Registrar's signature)

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature: Rae Sauer (M.D. or other)

Address: 7916 Missouri Street, St. Louis, Mo. Date signed: 9/29/48

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

MOTHER FATHER

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**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 Ronald Yahuka

Licensed Embalmer No. 3971

P. O. Address. St. Louis, Mo.

**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.**