

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8948

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>5 Missouri 5726 Etzel</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JACOB</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>GOODSKY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 17-1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-17-1881</u>
9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR Months	10. IF UNDER 2 WKS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rabbi</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rabbi</u>	11. BIRTHPLACE (State or foreign country) <u>Russia</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>DOV BAER Grodsky</u>	
13b. MOTHER'S MAIDEN NAME <u>SARAH (UNKNOW)</u>		14. NAME OF HUSBAND OR WIFE <u>ROSE Grodsky</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Rose Grodsky</u>		ADDRESS <u>5726 Etzel</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HEART DISEASE WITH CONGESTIVE FAILURE.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in apartment home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis</u> <u>Mo.</u> <u>93</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>4:20</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 31, 1949</u> to <u>OCT. 17, 1949</u> , that I last saw the deceased alive on <u>OCT. 17, 1949</u> , and that death occurred at <u>1:40 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Jules Elson</u>		23b. ADDRESS <u>607 N. GRAND</u>	
23c. DATE SIGNED <u>OCT. 18, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT 18 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Beth Hamedrash Hagadol</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County</u>	
DATE REC'D BY LOCAL REG. <u>OCT 18 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Proctor</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Shankland</u>		ADDRESS <u>500 Craig</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... *Not embalmed* Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *W. J. Penland*

Licensed Embalmer No. *3669*

P. O. Address *5010 Carright*

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.