

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18959

317

PRIMARY REG. DIST. NO. 6076 Registrar's No. 1206

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <i>St. Louis Mo</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural: Airport Township</i>		c. LENGTH OF STAY (in this place) <i>6 months</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>JEWISH SANATORIUM</i>				d. STREET ADDRESS (If rural, give location) <i>1421a Montclair Ave.</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Sam</i>		b. (Middle)		c. (Last) <i>Goffstein</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>5 10 50</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Unknown</i>	9. AGE (in years last birthday) <i>Abt. 39</i>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Musician</i>		11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Iseac Goffstein</i>		13b. MOTHER'S MAIDEN NAME <i>Fannie Guretsky</i>		14. NAME OF HUSBAND OR WIFE <i>Millie Goffstein</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Unknown</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. S. Goffstein-1421a Montclair</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. - It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Malnutrition</i> ANTECEDENT CAUSES <i>Carcinoma of Colon</i> 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. <i>153X</i>				INTERVAL BETWEEN ONSET AND DEATH <i>3 years</i> <i>153X</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>inoperable</i> <i>Feb. 1948 and Nov. 1949 Carcinoma of colon with extensive metastases</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <i>Sept. 16</i> , 19 <i>44</i> , to <i>May 10</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>May 10</i> , 19 <i>50</i> , and that death occurred at <i>9:10 Am.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Abraham M. B. D.</i>				23b. ADDRESS <i>Jewish Sanatorium</i> <i>700 700 Road, Robertson, Md.</i>		23c. DATE SIGNED <i>5/10/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>5/11/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
DATE RECD BY LOCAL <i>MAY 10 1950</i>		REGISTRAR'S SIGNATURE <i>Joseph H. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Herman ...</i>		ADDRESS <i>5216 Duver</i>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

John Walter
Licensed Embalmer No. 3880

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.