

FILED MAR 2 1951

STANDARD CERTIFICATE OF DEATH

State File No. **6130**
1520

BIRTH NO. _____ REG. DIST. NO. **318** 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 Illinois b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belleville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 8600 W. Main	

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle) S.	c. (Last) GOLDBERG	4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 19, 1898	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 7	IF UNDER 12 HRS. Day 24	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Tavern	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Louis Goldberg	13b. MOTHER'S MAIDEN NAME Flora Bialson	14. NAME OF HUSBAND OR WIFE Dora Imber Goldberg
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. C. S. Goldberg-8600 W. Main Belleville, Ill.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic heart disease with aortic stenosis + cardiac decompensation		INTERVAL BETWEEN ONSET AND DEATH years 6 mo.
	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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? HIX
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22. I hereby certify that I attended the deceased from June, 1950, to 2/12, 1951, that I last saw the deceased alive on 2/12, 1951, and that death occurred at 10:48 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. S. Franklin M.D.	23b. ADDRESS 634 N. Grand	23c. DATE SIGNED 2/13/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/14/51	24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. FEB 1 1951	REGISTRAR'S SIGNATURE J. B. Casater	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Edward R. ... 5716 Delmar
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(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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

John Ketter
3880

Licensed Embalmer No.

Signed
Student Embalmer

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.