

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10130**
Registrar's No. **2070**

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. 2070 | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton | | 4462 | |
| .d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital | | | | d. STREET ADDRESS (If rural, give location) #2 Oak Knoll | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) J. | | b. (Middle) Lesser | | c. (Last) Goldman | |
| 4. DATE OF DEATH (Month) (Day) (Year) March 2, 1951 | | 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | |
| 8. DATE OF BIRTH July 13, 1908 | | 9. AGE (In years last birthday) 42 | | IF UNDER 1 YEAR Months 7 Days 17 | | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker | | 10b. KIND OF BUSINESS OR INDUSTRY Investment | | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME Alvin D. Goldman | | 13b. MOTHER'S MAIDEN NAME Blanche Lesser | | 14. NAME OF HUSBAND OR WIFE | | | |
| 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 ADDRESS Alvin D. Goldman-#2 Oak Knoll | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Maemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Lower Nephron Nephrosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 10 days 2 wks | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) no. | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21f. HOW DID INJURY OCCUR? 590X | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | |
| 22. I hereby certify that I attended the deceased from 2/8/51 , 19 51 , to 3/2/51 , 19 51 , that I last saw the deceased alive on 3/2 , 19 51 , and that death occurred at 12 p. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Arthur E. Stearns M.D. | | | | 23b. ADDRESS 539 N. Grand. | | 23c. DATE SIGNED 3/3/51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 3/4/51 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 4 1951 J. B. Prosser | | 25. FUNERAL DIRECTOR'S SIGNATURE Harman R. ... | | ADDRESS 5216 Delmar | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

02412 APR 25 1951

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.

Signed _____

John Kettes

Licensed Embalmer No. 3880

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.