

FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14118
4051

BIRTH NO.		REG. DIST. NO. 310		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 Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		5 CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2059			
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital				d. STREET ADDRESS (If rural, give location) 5816 Enright Ave. 0					
3. NAME OF DECEASED (Type or Print) a. (First) JACOB b. (Middle) c. (Last) GOLDMAN			4. DATE OF DEATH (Month) (Day) (Year) Apr. 28, 1951						
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ✓		8. DATE OF BIRTH Unknown			
9. AGE (In years last birthday) Abt. 78		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Tailor			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Joseph Goldman		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Flora Goldman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. M. Kopman- 5816 Enright Ave.			ADDRESS	
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) <i>Virus Pneumoniae</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Cerebral Sclerosis H. D.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Carcinoma Prostate</i>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION none		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 or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>H2O2H</i>					
22. I hereby certify that I attended the deceased from <i>9/19</i> , 19 <i>51</i> , to <i>4/28</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>4/28</i> , 19 <i>51</i> , and that death occurred at <i>11:30</i> m., from the causes and on the date stated above.									
23a. SIGNATURE <i>J. Hayden M. D.</i> (Degree or title)				23b. ADDRESS <i>730 Woodlawn</i>		23c. DATE SIGNED <i>4/30/51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4/30/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Olive Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>			
DATE REC'D BY LOCAL REG. <i>APR 30 1951</i>		REGISTRAR'S SIGNATURE <i>J. B. Trotter</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Herman...</i>		ADDRESS <i>5216...</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 Ketter*
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.