

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29506**  
Registrar's No. **7807**

LED SEP 3-1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>5848 Maffitt</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MAX</b>		c. (Last) <b>GOSHIEN</b>	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) <b>August 15, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Unknown</b>
9. AGE (In years last birthday) <b>Abt. 62</b>		10. M. <input type="checkbox"/> UNDER 1 YEAR D. <input type="checkbox"/> 1 YEAR TO 5 YEARS H. <input type="checkbox"/> 5 YEARS TO 10 YEARS O. <input type="checkbox"/> OVER 10 YEARS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cabinet Maker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Furniture</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Russia</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Herman Goshien</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Rose Goshien</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W. W. #1</b>	
16. SOCIAL SECURITY NO. <b>488-01-5118</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Rose Goshien-5848 Maffitt</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction due to coronary thrombosis</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Arteriosclerosis + hypertension</b> DUE TO (c) <b>Cardiovascular disease</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18. INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 years</b>		19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>420 ft</b>	
22. I hereby certify that I attended the deceased from <b>July 28, 1952, to August 15, 1952</b> , that I last saw the deceased alive on <b>August 15, 1952</b> , and that death occurred at <b>6:25 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Deputy or title) <b>Robert S. Newhaus M.D.</b>		23b. ADDRESS <b>508 N. Grand, St. Louis, Mo.</b>	
23c. DATE SIGNED <b>Aug 16, 1952</b>		24. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth Cem.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8/18/52</b>	
24c. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>5216 Plaza</b>	
DATE REC'D BY LOCAL REG. <b>AUG 18 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>	

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

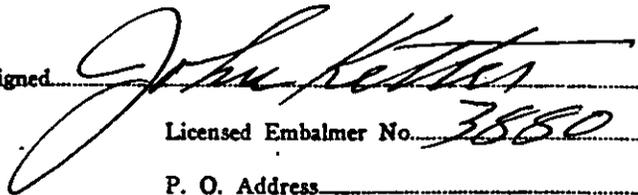
**STATEMENT BY LICENSED EMBALMER**

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  \_\_\_\_\_  
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.