

STANDARD CERTIFICATE OF DEATH

State File No. **4007**

FILED JAN 17 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **531** Registrar's No. **0115**

1. PLACE OF DEATH a. COUNTY St. Louis		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 University City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City	
c. LENGTH OF STAY (in this place) 5 years		d. STREET ADDRESS (If rural, give location) 830 Purdue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 830 Purdue		e. STREET ADDRESS (If rural, give location) 830 Purdue	

3. NAME OF DECEASED (Type or Print) MAX GOLDENBERG	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan. 13, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH SEPT. 10 1907	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 1 MIN. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dealer	10b. KIND OF BUSINESS OR INDUSTRY Real Estate	11. BIRTHPLACE (City and State or Foreign Country) Russia	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Eli Goldenberg	13b. MOTHER'S MAIDEN NAME Yetta Lopata	14. NAME OF HUSBAND OR WIFE Lillie Goldenberg
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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) no	16. SOCIAL SECURITY NO. 352-20-1250	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. M. Goldenberg - 830 Purdue
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hr. (History)
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion acute		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Chr. myocarditis (history)		
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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **Jan 13, 1953**, to **Jan 13, 1953**, that I last saw the deceased alive on **Jan 13, 1953**, and that death occurred at **5:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Carl F. W. [Signature] (Degree or title)	23b. ADDRESS 608 no found	23c. DATE SIGNED 1/13/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/14/53	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. 1-13-53	REGISTRAR'S SIGNATURE Harriet R. Donohue-M. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] 5246 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Peter P. Dubrowell*

Licensed Embalmer No. *3691*

P. O. Address *Rocky Hill, Conn.*

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.