

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43442

State File No. ....

FILED DEC 21 1953

BIRTH NO. _____		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>4249</u>		Registrar's No. <u>49</u>			
1. PLACE OF DEATH a. COUNTY <u>Jefferson Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis Co.</u>					
b. CITY OR TOWN <u>Hillsboro</u>		c. LENGTH OF STAY (in this place) <u>1 MONTH</u>		c. CITY OR TOWN <u>Brentwood</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedar Grove Nur Home</u>				e. STREET ADDRESS (If rural, give location) <u>1539 E Swan Circle</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Myron</u> b. (Middle) <u>--</u> c. (Last) <u>Goldberg</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 9 53</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 27 1875</u>		9. AGE (In years) <u>78</u> last birthday		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Jewelry</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Syracuse N.Y.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian Goldberg (decd)</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-05-7715</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Myron Goldberg</u> ADDRESS <u>1539 E Swan Circle Brentwood Mo.</u>					
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) <u>Cerebral arteriosclerosis with mental changes.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Generalized arteriosclerosis ?</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Paralysis agitans</u> Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH. <u>One year +</u>  <u>10 years.</u>	
19a. DATE OF OPERATION _____		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) <u>334 X</u>					
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 <u>Nov 11</u> , 1953, to <u>Dec 9</u> , 1953, that I last saw the deceased alive on <u>Dec 6</u> , 1953, and that death occurred at <u>4 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell M.D.</u>				23b. ADDRESS <u>Desoto, Mo.</u>		23c. DATE SIGNED <u>12-9-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>12-11-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Co Mo.</u>			
DATE REC'D BY LOCAL REG. <u>DEC 21 1953</u>		REGISTRAR'S SIGNATURE <u>Byde A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mayer Fun Home 4356 Lindell Bl. St Louis Mo.</u>					

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

0500

DEC 23 1953

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED      DEC 17 1953

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.....  
Signature of Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, Mo*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.