

FILED FEB 20 1956

STANDARD CERTIFICATE OF DEATH

6518

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **721**

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
 c. LENGTH OF STAY (in this place) **2 1/2 WKS.**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Jewish Hosp.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Mo.** b. COUNTY **St. Louis**
 c. CITY OR TOWN **University City** **4336**
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) **6666 Washington**

3. NAME OF DECEASED
 a. (First) **NETTIE** b. (Middle) _____ c. (Last) **GOLDBERG**
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) **Jan. 21, 1956**
5. SEX **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Wid.** **8. DATE OF BIRTH** **July 10, 1891** **9. AGE** (In years last birthday) **64** IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** **10b. KIND OF BUSINESS OR INDUSTRY** _____ **11. BIRTHPLACE** (City and State or Foreign Country) **Austria** **12. CITIZEN OF WHAT COUNTRY?** **USA**

13a. FATHER'S NAME **Morris Itzkovitz** **13b. MOTHER'S MAIDEN NAME** **Unk.** **14. NAME OF HUSBAND OR WIFE** **Louis**

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.** **None** **17. INFORMANT'S SIGNATURE OR NAME** **Maurice Goldberg** **ADDRESS** **17 Maryhill**

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Lymphosarcoma**
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. **None**
19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** **200.1** **20. AUTOPSY?** YES NO

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 NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR** _____

22. I hereby certify that I attended the deceased from Dec 23, 1955 to Jan 21, 1956, that I last saw the deceased alive on Jan 20, 1956, and that death occurred at 2:15 AM, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) **Charles Silverberg M.D.** **22b. ADDRESS** **462 N. Taylor Ave.** **22c. DATE SIGNED** **1/20/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Rem.** **24b. DATE** **1/22/56** **24c. NAME OF CEMETERY OR CREMATORY** **B'nai Amoona** **24d. LOCATION** (City, town, or county) (State) **University City, Mo.**

DATE REC'D BY LOCAL REG. **JAN 23 1956** **REGISTRAR'S SIGNATURE** **Charles Smith M.D.** **25. FUNERAL DIRECTOR'S SIGNATURE** **Berger Memorial** **ADDRESS** **4715 McPherson**

(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.....
Signature of Student Embalmer

Signed *Quir O. Quirera*
Licensed Embalmer No. *4839*

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