

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8042

1. PLACE OF DEATH

County..... Registration District No. 1008 File No. 1690
 Township St. Louis # 6009 Kingsbury Registered No. 1690
 City St. Louis (No. 6009 Kingsbury) St. Ward.....

2. FULL NAME

(a) Residence. No. 6009 Kingsbury Blvd 5 Ward.....
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James B. Goldstein

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23 1862

7. AGE YEARS MONTHS DAYS II LESS than 1 day, hrs. or min.
66 8 10 3 15 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Atlantic Ocean
 (STATE OR COUNTRY) under British Flag

10. NAME OF FATHER unknown Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Norway
 (STATE OR COUNTRY).....

12. MAIDEN NAME OF MOTHER Do not know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Norway
 (STATE OR COUNTRY).....

14. INFORMANT Anna Marie Jaquenote
 (Address) 6009 Kingsbury Blvd
Landree

15. FILED May 27 1929
May C. Starker
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb - 3, 1929

17. I HEREBY CERTIFY, That I attended deceased from 1/15/29 to 4/13/29, 19...
 that I last saw him alive on 4/13/29, 19..., and that death occurred, on the date stated above, at 10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
440 (duration) yrs. 3 mos. da.

CONTRIBUTORY (SECONDARY) 440 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? yes DATE OF 12/20/29

DID AN OPERATION PRECEDE DEATH? yes

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Stark

(Signed) Stark M.D.

1929 (Address) Stark

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park DATE OF BURIAL 2-5-1929

20. UNDERTAKER Del 1357
C.R. Repton ADDRESS 4449

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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2