

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

Do not use this space.

4409

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. Jewish Hospital)..... St. .... Ward)

File No. ....  
 Registered No. 1040  
 St. .... Ward)

**2. FULL NAME**

Ethel Goldstein  
 (a) Residence. No. 5042 Maple Ave. St. 12 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	H LESS than 1 day, ..... hrs. or ..... min.
<u>About 55</u>				

8. OCCUPATION OF DECEASED At Home 46  
 (a) Trade, profession, or particular kind of work 46  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

10. NAME OF FATHER Morris Lerner

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

12. MAIDEN NAME OF MOTHER Sara Lerner (nee)

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

14. INFORMANT Harry Goldstein  
 (Address) 5042 Maple Ave.

15. FILED 22 1928  
Max C. Stanley  
 REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 20 1929 to Jan 20 1929  
11-3 ..... 1929, to Jan 20 1929  
 that I last saw h.p.c. alive on Jan 20, 1929, and that death occurred, on the date stated above, at 6 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of colon (at splenic flexure) metastatic to liver  
(duration) yrs. 6 mos. ?

CONTRIBUTORY (SECONDARY) Mautila  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 NOT AT PLACE OF DEATH?

1. DID AN OPERATION PRECEDE DEATH? No DATE OF 11-12-28  
 2. 12-14-28  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Exploratory laparotomy of chest  
 (Signed) et al M. D.  
 , 19 (Address) Jewish Hosp.

\*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 Cheried Shel Emeth Cem DATE OF BURIAL Jan 25 1929

20. UNDERTAKER H. Rindskloff ADDRESS 5216 Delmar

N. E.—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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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