

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

Do not use this space.

35143

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 101  
 City St. Louis (No. 58933) Noted Brilliant File No. .... Registered No. 9871  
 St. .... Ward)

**2. FULL NAME**

(a) Residence. No. St. 67 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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 23 1970</u>		
7. AGE	YEARS <u>4</u>	MONTHS <u>8</u>
	DAYS <u>13</u>	IF LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>At home</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY)		
10. NAME OF FATHER <u>Benj. Goldberg</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Russia</u> (STATE OR COUNTRY)		
12. MAIDEN NAME OF MOTHER <u>Bertha Lehman</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Poland</u> (STATE OR COUNTRY) <u>Russia</u>		
14. INFORMANT <u>Old Berger</u> (Address) <u>4715 McPherson</u>		
15. FILED <u>65-7-1979</u> <u>Max G. Starkloff</u> REGISTRAR		

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 6 1979

17. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1979, to Oct 6, 1979 that I last saw him alive on Oct 6, 1979, and that death occurred, on the date stated above, at 8:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
acute myocardial infarction  
Dysentery  
13R  
8h (duration) yrs. mos. 4 ds.

CONTRIBUTORY Coronary  
 (SECONDARY) (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH 16 B

19. DID AN OPERATION PRECEDE DEATH? 8 DATE OF .....  
 WAS THERE AN AUTOPSY? .....  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) John Zafra, M. D.  
10/7 1979 (Address) Taylor Washington

\*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 <u>Beth Sam Hag</u>	DATE OF BURIAL <u>10/7 1979</u>
20. UNDERTAKER <u>H B Berger</u>	ADDRESS <u>4715 McPherson</u>

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

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.

1944

MEMORANDUM FOR THE RECORD

SUBJECT: [Illegible]

[Illegible text follows, including a header section with fields for TO, FROM, and SUBJECT, and a main body of text that is mostly illegible due to the quality of the scan.]