

REC'D JUN 9 1938

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

16434

Do not use this space.

721  
1003Registered No. **4295****1. PLACE OF DEATH**

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City **St. Louis** (d) Street No. **Deacones Hospital** ..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** **Charles Goldman** **435**

(a) Residence, No. **5500 Delmar** St. **5**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 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 **Bertha Goldman**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 22-1869**

7. AGE YEARS **68** MONTHS **10** DAYS **17** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Furniture Salesman**  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cincinnati Ohio**FATHER 13. NAME **unknown**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**MOTHER 15. MAIDEN NAME **unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT **Vernon Goldman**  
(ADDRESS) **5500 Delmar**18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Olive (Jewish)** DATE **5-1 -38**19. FUNERAL DIRECTOR **Herman Rindoff**  
(ADDRESS) **5216 Delmar**20. FILED **MAY 10 1938** **J. F. Brueck**  
Local Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 9 1938**22. I HEREBY CERTIFY, That I attended deceased from **May 4**, 19**38**, to **May 9**, 19**38**I last saw him alive on **May 8**, 19**38**. Death is said to have occurred on the date stated above, at **7<sup>30</sup> A. m.**

The principal cause of death and related causes of importance were as follows:

**Chronic Myocarditis** Date of onset

Other contributory causes of importance:

**Chronic Interstitial Nephritis**

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) **L. H. Thompson** M. D.(Address) **323 Brunswick Bldg**

(Licensed Embalmer's Statement on Reverse Side)

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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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**