

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

16669
 Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis
 (e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 701
1003
 Primary Registration District No. Jewish Hospital

Registered No. 4530

2. PRINT FULL NAME

(a) Residence, No. 66 33 Clement St. KR K City, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

Goldring infant of Ben and Ruth Goldring

4.36

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) -----
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or 10 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. -----
 9. Industry or business in which work was done, as saw mill, bank, etc. -----
 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) St. Louis, Mo

FATHER 13. NAME Ben Goldring

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER 15. MAIDEN NAME Ruth Kostman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Mrs. H. Kovsky (ADDRESS) 5034 Kensington

18. BURIAL, CREMATION, OR REINTERMENT PLACE Chesed Shel Emeth May 18 '38

19. FUNERAL DIRECTOR Herman Rindskopf (ADDRESS) 5216 Delmar Blvd.

20. FILE MAY 17 1938 J. B. Brudeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1938
 22. I HEREBY CERTIFY, That I attended deceased from May 16, 1938, to May 16, 1938.
 I last saw him alive on May 16, 1938. Death is said to have occurred on the date stated above, at 12:50 p.m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia
MA

Other contributory causes of importance:
 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) Frank J. Thompson M. D.
 (Address) 3728 Washington Ave

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.

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. *Not Embalmed*
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.)