

REC'D JUL 12 1938

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

20274

Do not use this space.

5413

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Jewish Hospital** St. **131**
(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

Bessie Goldring
(a) Residence, No. **5863a Lotus Ave** St. **6** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Jacob D. Goldring				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1880				
7. AGE 58	YEARS	MONTHS 4	DAYS	If LESS than 1 day, hrs. or 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. At Home				
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) Russia				
13. NAME Sam Sohrier				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia				
15. MAIDEN NAME Unknown				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia				

17. INFORMANT Ben Goldring (ADDRESS) 5863a Lotus				
18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth June 14 1938				
19. FUNERAL DIRECTOR Herman Goldring (ADDRESS) 5216 Delmar Blvd.				
20. FILED J. Bredeck Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18 1938
22. I HEREBY CERTIFY, That I attended deceased from 6-6 1938 to 6-13 1938 I last saw her alive on 6-13 1938 Death is said to have occurred on the date stated above, at 6:30 P.M. The principal cause of death and related causes of importance were as follows: abdominal carcinomatosis primary seat unknown Date of onset
Other contributory causes of importance: SBV
Name of operation Pericentesis Date of 6-10-38 What test confirmed diagnosis? Was there an autopsy? no
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 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? No If so, specify melena D. Kuster! M. D. (Signed) Herman Goldring (Address) Herman Goldring

JUN 15 1938

(Licensed Embalmer's Statement on Reverse Side)

#2080

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Herman Rindskopf, Licensed Embalmer No. 2207

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Herman Rindskopf

Licensed Embalmer No. 2207

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.)