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

Do not use this space.

1. PLACE OF DEATH  
County St. Louis Registration District No. 784  
Township 1st Primary Registration District No. 300  
City Rollerston (No. Jewish Sanatorium, Fee Fee Rd. St. Ward)

2. FULL NAME Abraham Goldberg  
(a) Residence, No. 5967 Romaine St. St. Louis, Mo. Ward. 1614  
(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 male 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 Ida Cassel Goldberg

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
ab. 69

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Scrap

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) Poland 7

13. NAME (unk)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (unk)

15. MAIDEN NAME II

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) II

17. INFORMANT Mrs Ida Goldberg wife  
(ADDRESS) 5917 Romaine

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 10/7 1938

19. UNDERTAKER H. B. Berger  
(ADDRESS) 4715 McPherson

20. FILED OCT 6 1938 J. K. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1938 to October 6, 1938  
I last saw him alive on October 6, 1938. Death is said to have occurred on the date stated above, at 54 m.  
The principal cause of death and related causes of importance were as follows:  
Broncho-pneumonia Date of onset 3

Other contributory causes of importance:  
1) Fibroid TB of lungs  
2) General arterio-sclerosis

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) Julius Simon M. D.  
(Address) James M. Sanatorium, Rollerston, Mo.

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.

RECORD IS A PERMANENT RECORD

