

DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

37807
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 1003
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. Homer Phillips 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 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 10134

2. PRINT FULL NAME 431 Velma Goldman

(a) Residence, No. 3110 Pine St. 21
(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 F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 4 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
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) ArkansasFATHER 13. NAME Jim Goldman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ArkansasMOTHER 15. MAIDEN NAME Irma Dishman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas17. INFORMANT (ADDRESS) Evelyn Hilliard
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL

Pine Bluff Ark DATE Nov 24, 193819. FUNERAL DIRECTOR (ADDRESS) CUNNINGHAM
2923 Delmar20. FILED NOV 23 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18 193822. I HEREBY CERTIFY, That I attended deceased from Sept. 24 1938, to Nov. 18 1938I last saw her alive on Nov. 18 1938. Death is said to have occurred on the date stated above, at 9:55a m.

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

Malignancy of eyelids (os)
with surgery

Date of onset

9/24/38

Other contributory causes of importance:

Metastatic malignancy of brain and lungs

Name of operation Date of

What test confirmed diagnosis: clinical Was there an autopsy? yes

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) J. Bredeck M. D.(Address) Homer Phillips Hospital

STATEMENT BY LICENSED EMBALMER

I, William C. McDowell, Licensed Embalmer No. 2114

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 William C. McDowell
Licensed Embalmer No. 2114

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.)