

SEP 7 1939
Registration District No. 284

Primary Registration District No. 200

State File No. _____
Registrar's No. 1499

1. PLACE OF DEATH:

(a) County. ST. LOUIS
(b) City or town. ROBERTSON, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: JEWISH SANATORIUM OF ST. LOUIS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 DAYS
(Specify whether
In this community 30
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. ST. LOUIS
(c) City or town. ST. LOUIS, MO.
(If outside city or town limits, write "RURAL")
(d) Street No. 5447 1/2 EASTON AVE
(If rural, give location)
(e) If foreign born, how long in U. S. A? 30 years.

3. (a) PRINT FULL NAME Bessie Goldstein 432

3. (b) If veteran, name war. X 3. (c) Social Security No. X

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife. Leo Goldstein 6. (c) Age of husband or wife if alive ab 33 years

7. Birth date of deceased ab 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ab 31 hr. min.

9. Birthplace (unk) U.S.S.R.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Samuel Fagin

13. Birthplace U.S.S.R.
(City, town, or county) (State or foreign country)

14. Maiden name Dora Fertine

15. Birthplace U.S.S.R.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Leo Goldstein

(b) Address 5447 Easton

17. (a) burial (b) Date thereof 8/22/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hevre Kedisha

18. (a) Signature of funeral director H. B. Berger

(b) Address 4715 McPherson

19. (a) AUG 22 1939 (Date received local registrar)
[Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21
year 1939 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from August 3, 1939
1939, to August 21, 1939;
that I last saw her alive on August 21, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver with metastases to the bones

Due to 46

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Robertson, Mo Date signed _____

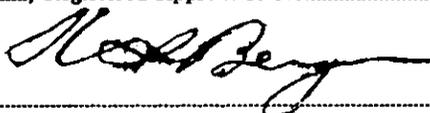
Duration
PHYSICIAN
Underline the cause to which death should be charged statistically

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... H. I. BERGER, Registered Apprentice No.
working under my personal supervision.

Signed..... 

Licensed Embalmer No.

P. O. Address..... 1597

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.