

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **ST. LOUIS** **REC'D DEC 11 1940**
(c) Name of hospital or institution: **CITY HOSP.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **25 yrs** (Specify whether
in this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County.....
(c) City or town **ST. LOUIS** **REC'D DEC 12**
(If outside city or town limits, write "RURAL")
(d) Street No. **4704 NEWBERRY**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **25** years.

3. (a) PRINT FULL NAME **SARAH GOLDSTEIN**

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

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **HARRY GOLDSTEIN** 6. (c) Age of husband or wife if alive **(UNK)** years
7. Birth date of deceased **(UNK)**
(Month) (Day) (Year)

8. AGE: Years **AB 63** Months Days If less than one day
hr. min.

9. Birthplace **(UNK) ROUMANIA**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME** **7**

11. Industry or business **7**

12. Name **(UNK)**

13. Birthplace **ROUMANIA**
(City, town, or county) (State or foreign country)

14. Maiden name **(UNK)**

15. Birthplace **ROUMANIA**
(City, town, or county) (State or foreign country)

16. (a) Informant **WOLFF GRAND**

(b) Address **6127 PERSHING**

17. (a) **BURIAL** (b) Date thereof **11/25/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CHESED SHEL EMETH**

18. (a) Signature of funeral director **H. B. BERGER**

(b) Address **4715 MC PHERSON**

19. (a) **NOV 25 1940** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV.** day **23**
year **1940** hour **10** minute **10 P.M.**

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to **Acute Myocardial Infarction**

Due to **Arterio Sclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) Means of injury.....

23. Signature **[Signature]** (M. D. or other)
Address **[Signature]** Date signed **11/25/40**

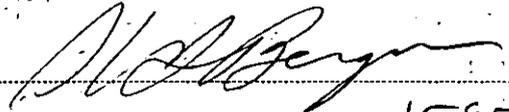
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 1597

P. O. Address ST. Louis

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.)

If this body is not embalmed, fact should be so stated above.