

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

Rev. 5-17-39
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.

FEB 25 1941

Registration District No. 7911

Primary Registration District No. 1003

State File No. _____

Registrar's No. 477

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, give street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 7257 Oxford
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Jennie Gossman

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

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced, Widowed

8. (b) Name of husband or wife Charles Gossman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 7 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Minneapolis Minn.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Louis Goodman

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

14. Maiden name not known

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

16. (a) Informant's signature Mrs. Eli Kopman

(b) Address 7257 Oxford

17. (a) Burial (b) Date thereof 1-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cem.

18. (a) Signature of funeral director H. Rindskopf

(b) Address 5216 Delmar

19. (a) JAN 16 1941 (b) J. W. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15
year 1941 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan. 14, 1941, to Jan. 15, 1941;
that I last saw her alive on Jan. 15, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Bronchopneumonia

Hypertension

Hypernephroma - left

Due to _____

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

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy Hypernephroma; bronchopneumonia

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) (e) Means of injury _____

28. Signature Harry Gossman M.D. (M. D. or other) M.D.

Address 1045 Mt. Pleasant Bldg Date signed 1/15/41

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 _____

Chas. W. Cooper

Licensed Embalmer No. *3830*

P. O. Address. *5216 Delmar*

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, above space should be left blank.