No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5066

FILED MAR 25 1941

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 1314

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

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: 4515 Maryland Ave. 1
(If not in hospital or institution, write 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 000

(c) City or town St. Louis 17 12
(If outside city or town limits, write "RURAL")

(d) Street No. 4515 Maryland Ave. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Rachel Meyers Goldman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Sam Goldman

6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 22 1859
(Month) (Day) (Year)

8. AGE: Years 81 | Months 2 | Days 16 | If less than one day hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Simon Meyers
13. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Kuttner
15. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Sidney Goldman
(b) Address 4515 Maryland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-1941
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Herman Rindstopf
(b) Address 5216 Delmar Blvd.

19. (a) FEB 9 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7
year 1941 hour 7 minute 8 M.

21. I hereby certify that I attended the deceased from Feb 7, 1940 to Feb 7, 1941;
that I last saw her alive on Feb 5, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	6 weeks
Due to Arteriosclerotic Cardio-Vascular Disease with hypertension	Some years
Due to	
Other conditions Cholecystitis unknown as to stones (Include pregnancy within 3 months of death)	
Major findings: Of operations 93d	
Of autopsy 90	

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

23. Signature Pister Tuholske (M. D. or other) M.D.
Address 462 N. Taylor Date signed 2/8/41

(Licensed Embalmer's Statement on Reverse Side)

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 wit the above constitutes grounds for revocation of license.)

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