No. 2
-13-40
17-39
X23159

FILED MAR 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8227

State File No.

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 350

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 Glenwood Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year (Specify whether
In this community Yes. Has been there 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County —
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1727 Carr Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Unknown - but over 20 years years.

3. (a) PRINT FULL NAME SAM GOODMAN

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years

7. Birth date of deceased May (Month) 17, (Day) 1870. (Year)

8. AGE: Years 70 Months 8 Days 26 If less than one day — hr. — min.

9. Birthplace (City, town, or county) Poland (State or foreign country)
10. Usual occupation Tailor
11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Poland (probably) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Poland (probably) (State or foreign country)

16. (a) Informant Edward G. Canepa, M.D.
(b) Address 1300 Grant Road, Webster Groves, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/16/41 (Month) (Day) (Year)
(c) Place: burial or cremation CHESED SHEL EMETH
18. (a) Signature of funeral director Bergen Memorial
(b) Address 4715 McPherson
19. (a) FEB 16 1941 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
year 1941 hour 6.00 minute — A. M.

21. I hereby certify that I attended the deceased from July First, 1940, to Feb. 13, 1941;
that I last saw him alive on Feb. 12, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of the Liver	?
Due to also - Arteriosclerosis	?
Due to Senility	2 years
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations — 46 f	
Of autopsy	

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 Edward G. Canepa (M. D. or other) M.D.
Address 1300 Grant Road, Webster Groves, Mo. Date signed Feb. 13, 1941

(Licensed Embalmer's Statement on Reverse Side)

MAY 16 1947

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.....

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

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