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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **32467**

Registration District No. **2 1941 3**

Primary Registration District No. **6018A**

Registrar's No. **130**

1. PLACE OF DEATH:

(a) County **St. Francis**  
(b) City or town **Near Farmington**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **State Hospital No. 4**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 yr. 10 mo. 23 da**  
(Specify whether years, months or days) **2**

3. (a) PRINT FULL NAME

**Solomon Goldman**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **---** years  
7. Birth date of deceased **June 27, 1911**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	30	2	5	hr. min.

9. Birthplace **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business

MOTHER FATHER { 12. Name **Max Goldman**  
13. Birthplace **Volhynia, Russia**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Lena Stein**  
15. Birthplace **Poland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Max Goldman**  
(b) Address **6219 Clemens, St. Louis, Mo.**

17. (a) **Burial** (b) Date thereof **9-4-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Louis, Mo.**

18. (a) Signature of funeral director: **H. I. Berger**  
(b) Address **4715 McPherson, St. Louis, Mo.**

19. (a) **Sept 2-41** (b) **B. A. Robinson**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **6219 Clemens, St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **2**  
year **1941** hour **3** minute **23** P. M.

21. I hereby certify that I attended the deceased from **10-20**, 19**39**, to **9-2**, 19**41**;  
that I last saw him alive on **9-2**, 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Edema diffuse** Duration **4/160**

Due to **Frontal lobe abscess on right side** 45 1 1/2 days  
Due to

Other conditions **Idiopathic epilepsy; mental deficiency**  
(Include pregnancy within 3 months of death)  
Major findings: Of operations

Of autopsy **Frontal lobe abscess, right side**

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 **Paul Schneider** (M. D. or other)  
Address **Farmington, Mo.** Date signed **9-3-41**

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

649 (Licensed Embalmer's Statement on Reverse Side)

SEP 29 1941

**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 H. J. Berger

Licensed Embalmer No. 1597

P. O. Address St. Louis Mo

**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.**