

No. 2  
4-13-40  
-17-39  
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

DEC 22 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39296

State File No. \_\_\_\_\_

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 174

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Farmington, Mo.  
(c) Name of hospital or institution: State Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 mos. 22 das.  
In this community \_\_\_\_\_  
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. 5841 Cabanne Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12  
year 1941 hour 4 minute 45 A. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
November 4, 1940, to December 12, 1941;  
that I last saw her alive on December \_\_\_\_\_, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Arteriosclerosis, generalized & marked

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Psychosis with Cerebral  
(Include pregnancy within 3 months of death)  
Arteriosclerosis

Major findings:  
Of operations none  
Of autopsy none

Duration  
?  
2 years  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME: FLORA GOLDSTEIN

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 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 about 53 7/14 1888  
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pittsburgh Pa.  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Isaac Goldstein

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

14. Maiden name Fanny Miller

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

16. (a) Informant Miss Gussie Goldstein & record

(b) Address 5841 Cabanne of State House

17. (a) Burial (b) Date thereof 12-14-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Norman Lindstrop

(b) Address 5816 Delmar Blvd.

19. (a) 12-18-41 (b) T. J. Robinson  
(Date received local registrar) (Registrar's signature)

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 U

23. Signature C. C. Quitt (M.D. or other) M.D.

Address Farmington Date signed 12/17/41

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

DEC 19 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.....

*Chas. W. Cooper*

Licensed Embalmer No.....

*3834*

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, fact should be so stated above.**