

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40256
9994

State File No. _____
Registrar's No. _____

Registration District No. **791**

Primary Registration District No. **1003**

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:
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 weeks** (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **University City**
(If outside city or town limits, write "RURAL")
(d) Street No. **7312 Amherst** (If rural, give location) **1**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Morris 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, **Married**

6. (b) Name of husband or wife **Tillie** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **unknown**
(Month) (Day) (Year)

8. AGE: Years **about 65** Months **--** Days **--** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Retired Merchant**

11. Industry or business **Dry goods**

12. Name **unknown**

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

14. Maiden name **unknown**

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

16. (a) Informant **Abe H. Goodman**

(b) Address **3426 California Ave.**

17. (a) **Burial** (b) Date thereof **12-18-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shel Emeth**

18. (a) Signature of funeral director: **Herman Rindkopf**
(b) Address **5216 Delmar Blvd.**

19. (a) **DEC 17 1941** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **16**
year **1941** hour **9** minute **30** M.

21. I hereby certify that I attended the deceased from **July 8/1929** to **1941**
that I last saw him alive on **1941** and that death occurred on the date and hour stated above.

Immediate cause of death **ret. elevated heart dis.** Duration **1941**

Due to _____
Due to _____

Other conditions **cardiopathy left leg** 5 day
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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? _____

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

23. Signature **Arthur E. Stead** (M. D.)
Address **539 N. Grand** Date signed **12/17/41**

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 Delma*

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.