

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4021

1. PLACE OF DEATH:

(a) County St. Louis
(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 1 day (Specify whether
In this community 50 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 9000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 12
(d) Street No. 1438 E. Grand (If rural, give location) 5
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ETHEL GOODMAN

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 widowed
6. (b) Name of husband or wife Late Jacob Goodman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 65 hr. min.

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

10. Usual occupation Housework

11. Industry or business Housewife

12. Name Shimshon Graberman

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

14. Maiden name Chia 15. Birthplace Russia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rena Gellman

(b) Address 1438 E. Grand Blvd.

17. (a) Burial (b) Date thereof 5-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Odenhandler

(b) Address 4469 Washington Blvd.

19. (a) MAY 6 1942 (b) J. F. Brice
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day fourth
year 1942 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from 5-3-1942 to 5-4-1942
that I last saw her alive on 5-4-1942
and that death occurred on the date and hour stated above.

Immediate cause of death PULMONARY OEDEMA. Duration
GENERALIZED ANASARCA.

Due to HYPERTENSIVE & ARTERIOSCLEROTIC
Due to HEART DISEASE

Other conditions (include pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy None

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 injury) (or) means of injury _____

23. Signature Louis J. Cole (M. D. or other) M.D.
Address 216 S. Kingshighway signed 5-5-42

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

MOTHER FATHER

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. *W. J. Penhallow*

Licensed Embalmer No. *3669*

P. O. Address.....

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.