

FILED OCT 6 1942 318

1003

Registration District No. ....

Primary Registration District No. ....

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

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:  
4373 W. Pine /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Lo  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6188 McPherson  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Addie Goldman

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Louis Goldman 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased July 4 1871  
(Month) (Day) (Year)

8: AGE: Years 71 Months 6 Days 21 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Frank Leventhal  
13. Birthplace Russia  
(City, town, or county) (State or foreign country)  
14. Maiden name not known  
15. Birthplace Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Goldman  
(b) Address 6188 McPherson

17. (a) Burial (b) Date thereof 9-28-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director H. Rindskopf  
(b) Address 5316 Delmer

19. (a) SEP 27 1942 (Date received local registration)  
J. F. Prudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25  
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from 1939 to September 1942  
that I last saw he alive on 9/24 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerosis with cerebral softening  
Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death).....

Duration

3 yrs.

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 Angeline Goldman (M. D. or other) M.D.  
Address West 13th Date signed 9/26/42

---

---

**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.....

*John Hetter*  
.....  
Licensed Embalmer No. *3880*  
.....  
P. O. Address *4355 Washington Blvd*  
.....

**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.**