

FILED NOV 23 1942 **318**

Registration District No. _____ Primary Registration District No. **1003**

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 _____ (Specify whether)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. Louis**
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **6333 N. Rosebury**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Isadore D. Goldberg**
 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 **Becky Goldberg**
 6. (c) Age of husband or wife if alive **52** years
 7. Birth date of deceased: **March 25 1886**
 (Month) (Day) (Year)

8. AGE: Years **56** Months **7** Days **17**
 If less than one day _____ hr. _____ min.

9. Birthplace: **Russia** (City, town, or county) (State or foreign country) **6**

10. Usual occupation: **Dress Mfg.**

11. Industry or business _____

MOTHER FATHER

12. Name **not known**
 13. Birthplace **Russia** (City, town, or county) (State or foreign country) **6**
 14. Maiden name **not known**
 15. Birthplace **Russia** (City, town, or county) (State or foreign country) **6**

16. (a) Informant **Becky Goldberg**
 (b) Address **6333 N. Rosebury**

17. (a) **Burial** (b) Date thereof **11-14-42**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Chesed Shel Emeth**

18. (a) Signature of funeral director **H. Rindskopf**
 (b) Address **5216 Delmar**

19. (a) **CV 1-1-1942** (b) **J. F. Beebeek**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Nov.** day **12**
 year **1942** hour **3** minute **05 P.M.**

21. I hereby certify that I attended the deceased from **June 1**, 19**42**, to **Nov. 12**, 19**42**
 that I last saw him alive on **Nov. 12**, 19**42**,
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Bronchopneumonia** **1 day**
 Due to: **Hypertension - essential** **years**
generalized arteriosclerosis **"**
 Due to: **Uremia** **5 days**
arteriosclerosis
 Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: **107**
 Of operations: _____
 Of autopsy: _____

Duration
 1 day
 years
 5 days
 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?
 _____ (Specify type of place)

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

23. Signature **M. Norman Orgel** (M. D. or other) **M.D.**
 Address **Medical Arts Bldg., St. Louis** Date signed **11/13/42**

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

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..... *C. W. Cooper*

Licensed Embalmer No..... *5216 Delmar*

P. O. Address..... *3830*

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.