

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38763**  
Registrar's No. **10794**

FILED JAN - 5 1948  
Registration District No. **818**

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  
(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

3. (a) PRINT FULL NAME Louis 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 Flora Goldberg

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 66 hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Real Estate

MOTHER FATHER {

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Flora Goldberg

(b) Address 447a Collinsville, E. St. Louis

17. (a) Burial (b) Date thereof 12-27-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emet Cen

18. (a) Signature of funeral director Heuman

(b) Address 5216 Delmar Blvd

19. (a) DEC 26 1942 (b) J. Freedack  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 11

(c) City or town E. St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 447a Collinsville Ave  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25  
year 1942 hour 3 minute 15 a. M.

21. I hereby certify that I attended the deceased from 10/10 1942 to 12/25/42 1942  
that I last saw him alive on 12/25/42 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Stenosis of Aorta

Due to arteriosclerosis heart disease

Other conditions \_\_\_\_\_

(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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Arthur E. Brown (M. D. or other)

Address 539 N. Grand Date signed 12/25/42

844

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**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 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.**