S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36397

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9834

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: 1421 Shawmut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1319 Shawmut 000 17 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Rose Goldstein

3. (b) If veteran, name war No

3. (c) Social Security No. 494-03-2713

4. Sex remale

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Henry Goldstein

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

7. Birth date of deceased October (Month) 3rd (Day) 1890 (Year)

8. AGE: Years 53 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Manchester (City, town, or county) England 4 (State or foreign country)

10. Usual occupation Saleslady

11. Industry or business Ladies ready to wear

FATHER
12. Name Bernard Solomon
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Goldie Joseph
15. Birthplace (City, town, or county) 8 Lithuania (State or foreign country)

16. (a) Informant I. Solomon
(b) Address 1520 B'dway Little Rock, Ark.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/10/43 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson ave

19. (a) NOV 10 1943 (Date received local registrar) (b) J. F. Bidack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7 year 1943 hour minute 10 p.M.

21. I hereby certify that I attended the deceased from 11/1/41, 19 to November 7, 1943 that I last saw her alive on 8/21, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	sudden
Due to arteriosclerosis	?
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy none

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 H V Goedewaan (M. D. ~~or other~~)
Address 634 No Grand Av Date signed 11/8/43

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 7 1943

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.....

Licensed Embalmer No. 1897

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.