

S. No. 2
DM-2-43
v. 5-17-39
I X3597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18745

FILED JUL 14 1945
318

Primary Registration District No. 1003

Registrar's No. 5459

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
235 S. Skinker Blvd
(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) 55 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 010
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 43
(d) Street No. 235 S. Skinker
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LENA THALER GOLDBERG

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Isaac R. Goldberg. 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March 28 1890
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 24 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Solomon Thaler

13. Birthplace Germany (City, town, or county) (State or foreign country) 11

14. Maiden name Phyllis Osner

15. Birthplace Germany (City, town, or county) (State or foreign country) 11

16. (a) Informant J R Goldberg

(b) Address 235 S. Skinker

17. (a) Burial (b) Date thereof 6-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director Wayer
(b) Address 4356 Lindell Blvd

19. (a) JUN 23 1945 (b) J. F. Bradock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1945 hour 8 minute 45 p.m.

21. I hereby certify that I attended the deceased from March 26 1945 to June 21 1945
that I last saw her alive on June 21 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver - Duration 3 mos.

Due to Hof
Due to _____

Other conditions Hypertensive Vascular Disease 2 yrs.
(Include pregnancy within 6 months of death)

Major findings: Coronary Artery sclerosis.

Of operations _____
Of autopsy _____

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 Herbert L. Buzzell (M. D. or other) MD
Address 3720 Washington Date signed 6/22/45

JUN 23 1945

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. Wilkinson*
Licensed Embalmer No..... *3575*
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.