

FILED DEC 12 1945 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

10446

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. _____

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 15 years
(Specify whether years, months or days)
 In this community 15 years, months or days

3. (a) PRINT FULL NAME Harry Goldstein

3. (b) If veteran, name war no 3. (c) Social Security No. 499-28-7187

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 15, 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>1</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace Volhynia Poland 4
(City, town, or county) (State or foreign country)

10. Usual occupation salesman

11. Industry or business retail general store

MOTHER FATHER

12. Name Chayim Goldstein
 13. Birthplace Poland 4
(City, town, or county) (State or foreign country)
 14. Maiden name Fannie (unk)
 15. Birthplace Poland 4
(City, town, or county) (State or foreign country)

16. (a) Informant H. Liss

(b) Address 724 Westgate U. City

17. (a) burial (b) Date thereof 12/2/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

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

(b) Address DEC 2 1945
 19. (a) (Date received local registrar) (b) J. T. Beadeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
 (c) City or town University City 2 N.R.
(If outside city or town limits, write "RURAL")
 (d) Street No. 847 Westgate
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
 year 1945 hour 11 minute 30P M.

21. I hereby certify that I attended the deceased from Nov. 15, 1945 to Nov. 2, 1945
 that I last saw him alive on Nov. 30, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema arterio-sclerotic (H.D.)
 Duration Four hrs.
years 27

Other conditions Carcinoma of stomach
(Include pregnancy within 3 months of death)

Major findings:
 Of operations Sub-total gastrectomy
 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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0
 23. Signature Hemelthya Sale (M. D. or other)
 Address 4 S. Williams St. Date signed 12/4/45

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 .....

Licensed Embalmer No. 1597.....

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.