V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 118126

FILED MAY 16 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4075

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:
Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town University City NB.
(If outside city or town limits, write "RURAL")

(d) Street No. 743 Leland 3
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 5

If yes, name country 1

3. (a) PRINT FULL NAME Meyer Goodman

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 Anna Goodman

6. (c) Age of husband or wife if alive 1860 years

7. Birth date of deceased Jan. (Month) 15 (Day) (Year)

8. AGE: Years 86 Months 3 Days 19 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Teacher

FATHER 12. Name Wolff Goodman

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

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace (City, town, or county) Russia (State or foreign country) 6

16. (a) Informant Alexander M. Goodman

(b) Address 6310 Northwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-46 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director H. Rendoker

(b) Address 5216 Delmar Blvd.

19. (a) MAY 5 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1946 hour 4 minute 4 M.

21. I hereby certify that I attended the deceased from April 30, 1946, to May 4, 1946, that I last saw him alive on May 3, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema — Duration few hours

Due to Arterio-sclerosis general — Duration years

Due to Arterio-sclerotic heart disease — Duration "

Due to Nephro-sclerosis — Duration "

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 Llewellyn Sale (M. D. or ~~other~~)

Address 4500 Olive (8) Date signed 5/4/46

(Licensed Embalmer's Statement on Reverse Side)

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

7304

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. 4029

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.