

S. No. 2
M-5-43
5-17-39
I X35671

FILED SEP 31 1948

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2378**

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 2 weeks
(Specify whether years, months or days)

In this community 20 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

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

(d) Street No. 704 Interdrive
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Baba Goltzman

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Morris Goltzman

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th year 1946 hour 6 minute 55 A.M.

21. I hereby certify that I attended the deceased from March 19 44 Aug 25 19 46 that I last saw h. or er alive on Aug 24 19 46 and that death occurred on the date and hour stated above.

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

ab. 74 hr. min.

Immediate cause of death Hypertension and arterio-sclerosis, chronic Heart Disease Heart Disease Hypertension & art. sclerosis years

Due to _____ years

Due to _____

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name (unk) Schneider

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

{ 14. Maiden name Betty (unk)

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

Other conditions 9/2
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Physician _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Rose Feingerts

(b) Address 704 Interdrive

17. (a) burial (b) Date thereof 8/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

18. (a) Signature of funeral director _____

(b) Address 4715 McPherson

19. (a) AUG 26 1948 J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature Arthur E. Strain (M. D. or other) _____

Address 539 N. Grand Date signed 8/26/46

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

Sevris A. Judwig

Licensed Embalmer No. 4229

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.