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FILED JAN 7 1948 18

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. 11064

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

3. (a) PRINT FULL NAME GOLDA FIERSTINE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Abe Fierstine 6. (c) Age of husband or wife if alive 80 years

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

8. AGE: Years About 75 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

11. Industry or business Unknown

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Abe Fierstine

(b) Address 863 Westgate

17. (a) Burial (b) Date thereof 12-24-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B'nai Amoona Cem.

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

(b) Address 5216 Delmar Blvd.

19. (a) DEC 24 1948 (b) J. F. Brueck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town University City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 863 Westgate Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24  
 year 1946 hour \_\_\_\_\_ minute 006 M.

21. I hereby certify that I attended the deceased from 12/18/46  
 \_\_\_\_\_, 19\_\_\_\_ to 12/24/46, 19\_\_\_\_;  
 that I last saw her alive on 12/23/46, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia (right)  
 Duration 12/18  
46

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Arteriosclerosis and diabetes  
(Include pregnancy within 3 months of death) number of PHYSICIAN \_\_\_\_\_  
 yrs \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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) (i) Means of injury

23. Signature P. D. Stahl (M. D. or other) \_\_\_\_\_  
 Address 462 N. Taylor Ave. Date signed 12/24/46

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 *J. Burgess*.....

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.**