

S. No. 2
M-5-43
v. 5-17-39
P. 1-18-61

MAR 11 1947
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2158**

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

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 Rebecca Goldberg

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 Joseph Goldberg
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	73	--	--	hr. min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Joseph Liebert

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

14. Maiden name Unknown

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

16. (a) Informant Sidney Goldberg

(b) Address 759 Leland

17. (a) Burial (b) Date thereof 3-2-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Hamedrosh Hagodot

18. (a) Signature of funeral director Herman Bindschagel

(b) Address 5216 Delmar Blvd.

19. (a) MAR 3 1947 (Date received by registrar) J. Z. Bredenk (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1209 Clara
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1947 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 9, 1946 to Feb 28, 1947
(that I last saw her alive on Feb 28, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Arteriosclerotic heart disease & myocardial failure</u>	<u>1 mo</u>
Due to <u>Bronchectasis</u>	<u>17 yrs</u>
<u>Emphysema</u>	<u>67 yrs</u>
Due to <u>Arteriosclerosis</u>	
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? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature B. J. Tausig (M. D. or other) M.D.
Address 4500 Olive St. Date signed Mar 1

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.P. 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.