

No. 2  
-5443  
-17-39  
X36671

State File No. \_\_\_\_\_  
Registrar's No. 377

FILED FEB 14 1948  
Registration District No. 31948

Primary Registration District No. 2002

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town U-CITY  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
6627 ENRIGHT - 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 50 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 96

(c) City or town U-City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 700 LIMIT 5  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MANUEL GOFFSTEIN

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6  
year 1948 hour 5:45 minute PM

21. I hereby certify that I attended the deceased from Jan. \_\_\_\_\_, 1947, to Feb. 6, 1948  
that I last saw him alive on Feb. 4, 1948  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race White

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

6. (b) Name of husband or wife PEARL GOFFSTEIN

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

7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

Immediate cause of death Coronary Occlusion

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

Due to 940

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years About 50 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation MERCHANT

11. Industry or business \_\_\_\_\_

12. Name Meyer Goffstein

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

14. Maiden name Lillian Bierman

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Man Goffstein

(b) Address 700 Limit

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 2-8-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shol E METH Overhandler

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? \_\_\_\_\_

18. (a) Signature of funeral director Julius Elam

(b) Address 5010 E. Wright

19. (a) 2-8-48 (Date received local registrar)

(b) Julius Elam (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Julius Elam (M. D. or other) \_\_\_\_\_

Address 607 N. Grand Date signed 2/6/48

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**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

*W. B. Penhance*

Licensed Embalmer No. *3669*

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.**