

Primary Registration District No. 3063

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

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
133 Brighton Way
(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 _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

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

(d) Street No. 133 Brighton Way (If rural, give location)

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

3: (a) PRINT FULL NAME Julia G. Gleitman

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 Jacques Gleitman 6. (c) Age of husband or wife if alive 54 years

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

8. AGE:	Years	Months	Days	If less than one day
about	49	--	--	hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1948 hour 11 minute 25 A.M.

21. I hereby certify that I attended the deceased from Feb 5, 1948 to April 24, 1948
that I last saw her alive on April 24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to acute myocardial infarction

Due to Coronary Occlusion

Other conditions none

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Louis Goldblum

13. Birthplace Austria
(State or foreign country)

14. Maiden name Sera Goldman

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

16. (a) Informant Paul Goldblum
(b) Address 51 Claverach Dr.

17. (a) Burial (b) Date thereof: 4-26-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Herman Finkhoff
(b) Address 5216 Delmar Blvd.

19. (a) 4-24-48 (b) Carl G. Hoff
(Date received local registrar) (Registrar's signature)

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) _____ (e) Means of injury _____

23. Signature Robert Paschig (M. D. or other) M.D.
Address 1508 N. Grand Date signed 4/25/48

1948

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. 3880

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.