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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 27744
Registrar's No. 7148

FILED AUG 28 1948
Registration District No. 1818

Primary Registration District No.

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 60 years (Specify whether
years, months or days)

3: (a) PRINT FULL NAME Joseph H. Goldschmidt

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-03-2156

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

6. (b) Name of husband or wife Lena Hoelscher 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased September 18, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 10 25 hr. min.

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

10. Usual occupation Foreman - Metal Products

11. Industry or business Northwestern Mail Box Company

MOTHER: FATHER

12. Name Emil Goldschmidt

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

14. Maiden name Anna Starren

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lean Goldschmidt

(b) Address 4237 North Prairie

17. (a) Burial (b) Date thereof 8/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) AUG 14 1948 (b) J. G. Beck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0003
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4237 North Prairie 9
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 5
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
year 1948 hour 12: minute 20 P.M.

21. I hereby certify that I attended the deceased from Aug 13 1948 to Aug 15 1948
that I last saw her alive on Aug 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis Duration
was - thrombosis
Uge - indur.

Due to arteriosclerosis

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9 20

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 Anna Beck (M. D. or other) 11

Address 1918 East Grand Date signed _____

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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 Max L. Warfel

Licensed Embalmer No. 14170

P. O. Address 1936 St Louis Ave

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.