

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 27745
Registrar's No. 6953

FILED AUG 23 1948
Registration District No. 318

Primary Registration District No. 1003

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:
Jewish Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
Specify whether _____
In this community 40 yrs.
years, months or days

3: (a) PRINT FULL NAME ISRAEL GOLDSTEIN
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LEAH 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years about 72 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation FOOD PRODUCTS

11. Industry or business _____

MOTHER FATHER { 12. Name SMIEL GOLDSTEIN
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 Joseph Goldstein
(b) Address 5652 Cabanud

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

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director D. Hank Andler
(b) Address 5010 Enright

19. (a) AUG 8 - 1948 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5624 1/2 Cole Boulevard
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country _____

20. DATE OF DEATH: Month Aug. day 7
year 1948 hour 10 minute 10A M.
21. I hereby certify that I attended the deceased from Aug 2, 1948, to Aug 7, 1948, that I last saw him alive on Aug 6, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy - Left Hemiplegia
Due to Right Int. Capsular Hemorrhage Duration 5 days
Due to Cerebral Art. Sclerosis
Ch. Excitation of B.B. Blood pres
Other conditions _____ -sure
(Include pregnancy within 3 months of death)
Major findings: 95%
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 Jerome E. Cook (M. D. or other) _____
Address 508 N. Grand Date signed 8/8/48

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. Z. Crenshaw
Licensed Embalmer No. 3668
P. O. Address 5010 Enright

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.