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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 18 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34169

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8687

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Jewish Hosp

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ONE WEEK (Specify whether

In this community 30 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 96

(c) City or town St. Louis County (If outside city or town limits, write "RURAL")

(d) Street No. 7729 DALE AVE (If rural, give location) Richmond Hts., MO

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country NR.

3. (a) PRINT FULL NAME Goldstein - Sonia

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 Joe Goldstein

6. (c) Age of husband or wife if Abt. 59 years

7. Birth date of deceased JULY (Month) 25 (Day) 1897 (Year)

8. AGE: Years 51 Months 2 Days 9 If less than one day — hr. — min.

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

10. Usual occupation HOUSEWORK

11. Industry or business housewife

FATHER
12. Name Yichel Rich
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Bossie
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant Joe Goldstein

(b) Address 7729 Dale Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 6-48 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director [signature]

(b) Address 5010 Enright Ave

19. (a) OCT 6 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month October day 4th year 1948 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 1946, 19__, to Oct. 3, 1948; that I last saw her alive on Oct 3, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hodgkins Disease	2½ yrs.
Due to	
Due to	
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? (Specify type of place)

While at work (e) Means of injury

23. Signature Llewellyn Sale, Jr. (M. D. or other) M.D.

Address 4500 Olive St. Date signed 10/5/48

(Licensed Embalmer's Statement on Reverse Side)

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.....

Mr Self....., Registered Apprentice No.....

working under my personal supervision.

Signed..... [signature]

Licensed Embalmer No. 3669

P. O. Address 5010 Enright Av

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.