

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 11 1948  
318

Registrar's No. 11137

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 *D*  
(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.....  
years, months or days

3: (a) PRINT FULL NAME MORRIS J. GOLDBERG

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Julia Romansky Goldberg 6. (c) Age of husband or wife if alive..... years

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

8. AGE:	Years	Months	Days	If less than one day
About	83	-	-	hr. min.

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

10. Usual occupation Retired Merchant

11. Industry or business Commission

MOTHER FATHER { 12. Name Unknown

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 Leon Goldberg  
 (b) Address 6313 S. Rosebury Ave.

17. (a) Burial (b) Date thereof 12-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Hamedrosh Hagodai

18. (a) Signature of funeral director Herman Rindskopf, Inc.  
 (b) Address 5216 Delmar Blvd.

19. (a) DEC 24 1948 (b) J. B. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(If outside city or town limits, write "RURAL")

(c) City or town.....  
 (d) Street No. 6027 Suburban Ave.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23  
 year 1948 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from July 9, 1948 to 12/23, 1948  
 that I last saw h. im alive on 12/23, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of urinary bladder  
 Duration 5 1/2

Due to.....

Due to.....

Other conditions 5 1/2  
(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 [Signature] (M. D. or other).....  
 Address 539 N. Grand Blvd. Date signed 12/24/48

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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.....

*John Ketter*

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.**