

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11408**
Registrar's No. **838**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **2002**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) University City		c. CITY (If outside corporate limits, write RURAL and give township) 33 University City	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 847 Westgate Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 847 Westgate Avenue			

3. NAME OF DECEASED (Type or Print) a. (First) IDA b. (Middle) _____ c. (Last) GOLDSTEIN	4. DATE OF DEATH (Month) (Day) (Year) MAR. 30, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) Abt. 63	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Russia	12. CITIZEN OF WHAT COUNTRY? 6
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Harry Goldstein
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Eichler-847 Westgate Ave.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH acute
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cowley Thrombosis		5 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 420.1	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **2/28**, 19**49**, to **3/30**, 19**49**, that I last saw the deceased alive on **3/25**, 19**49**, and that death occurred at **8:10 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Alfred Feldman M.D.	23b. ADDRESS 6 3/4 N. Grand	23c. DATE SIGNED 3/31/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/31/50	24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem. St. Louis, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 4-1-50	REGISTRAR'S SIGNATURE Hertner	FUNERAL DIRECTOR'S SIGNATURE W. J. ...	ADDRESS 5216 Delmar
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

John Kettes
Licensed Embalmer No. 3880

Signed.....
Student Embalmer

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.