

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18828

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 363		Registrar's No. 1395	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. LENGTH OF STAY (in this place) 46		c. CITY (If outside corporate limits, write RURAL and give township) Clayton		d. STREET ADDRESS (If rural, give location) 6337 N. Rosebury	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6337 N. Rosebury				d. STREET ADDRESS (If rural, give location) 6337 N. Rosebury			
3. NAME OF DECEASED (Type or Print)		a. (First) SAMUEL		b. (Middle)		c. (Last) GOLDMAN	
4. DATE OF DEATH (Month) (Day) (Year) June 2, 1950		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) Abt. 90		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Theatre manager		11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Morris Goldman		13b. MOTHER'S MAIDEN NAME Yetta Drube		14. NAME OF HUSBAND OR WIFE Anna Goldman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Wm. Herman- 6337 N. Rosebury			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bronchitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) Emile debility				INTERVAL BETWEEN ONSET AND DEATH Week 4 2 2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		422.2	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ✓		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ✓			
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? ✓			
22. I hereby certify that I attended the deceased from Nov 11, 1949 , to June 2, 1950 , that I last saw the deceased alive on June 1, 1950 , and that death occurred at 7 A. m., from the causes and on the date stated above.							
23a. SIGNATURE Lawyer				23b. ADDRESS 2840 California		23c. DATE SIGNED 6/3/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/4/50		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 3 1950		REGISTRAR'S SIGNATURE Robert F. Klomke		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Herman		ADDRESS 5216 Delmar	

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed..... *John Kettes*

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.