

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36199

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

FILED DEC 4 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1343

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>New York</u> b. COUNTY <u>Kings</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brooklyn</u> <u>8310</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robidoux Hotel Room 808</u>		d. STREET ADDRESS (If rural, give location) <u>1647- 52nd Street</u> <u>8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Aaron</u> b. (Middle) <u>-</u> c. (Last) <u>Goodman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27, 1950</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>JUNE 15</u> <u>unknown 1888</u>	9. AGE (In years last birthday) <u>62-64</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manufacturer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Furrier</u>		11. BIRTHPLACE (State or foreign country) <u>Romania</u> <u>6</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Louis Goodman</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mollie Goodman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>none</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Julius Marcus 1647-52nd St. Brooklyn, N.Y.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury or complication which caused death.</i>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion</u>		DUE TO (b) <u>hypertensive heart disease</u>			<u>4201</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 11-27-50, to 11-27-, 1950, that I last saw the deceased alive on 11-27-, 1950, and that death occurred at 11:55A m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Handley</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>311 Physician &amp; Surgeons Bldg., St. Joseph, Mo.</u>		23c. DATE SIGNED <u>11-28-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>11/27/1950</u>		24c. NAME OF CEMETERY OR CREMATORY -----	
24d. LOCATION (City, town, or county) (State) <u>Brooklyn, New York</u>					

DATE REC'D BY LOCAL REG. <u>Dec 1, 1950</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Bauman Funeral Home, St. Joseph, Mo.</u>	
--	--	--	--	--	--

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

lost by all

*W. E. Henderson*

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed *William Spalding*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4535

P. O. Address 319 S. 10<sup>th</sup> St, St Joseph, Mo.

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of New York }  
County of ..... } ss.

State File No. 3.6/99  
Local Registrar's No. 1343

**AFFIDAVIT FOR CORRECTION OF A RECORD**

On this 8th day of December, 1950, before me appears.....

Julius Marcus, who, upon his oath, states that the original record of <sup>birth</sup> death  
for Aaron Goodman died Nov. 27, 1950, in the State of  
<sup>born</sup> Missouri, and which was filed at St. Joseph on Nov., 1950, should be corrected as follows:

- Item No. 8 should read JUNE 15, 1898

Instead of unknown

Item No. 9 should read 62

Instead of 64

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Julius Marcus  
Relationship.  
1647-52nd St. Brooklyn, N. Y.  
Present Address.

Subscribed and sworn to before me this 8 day of December, 1950

My Commission expires Simon Stein Notary Public.  
NOTARY PUBLIC, STATE OF NEW YORK  
Qualified in Bronx County No. 03-9170000  
Cert. filed with Bronx Co. Clk. & Reg.  
Commission Expires March 30, 1952

Affidavits containing erasures will not be accepted; draw one line through error and write above it.