

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5935

816

No. 300
10.48

FILED MAR 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 30 yrs

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

d. FULL NAME OF HOSPITAL OR INSTITUTION HOME FOR JEWISH AGED

d. STREET ADDRESS 7801 Holmes Street 3940

3. NAME OF DECEASED
a. (First) Sam b. (Middle) Goldberg c. (Last) Goldberg

4. DATE OF DEATH (Month) (Day) (Year) 2 6 53

5. SEX Male 0

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married D

8. DATE OF BIRTH 2/11/79

9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (City and State or Foreign Country) Vasilishack, Russia 6

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Reubin Goldberg

13b. MOTHER'S MAIDEN NAME Ida Herman

14. NAME OF HUSBAND OR WIFE none

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. Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Morris Galler 6025 Rockhill Rd.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONIA, INFLUENZA

INTERVAL BETWEEN ONSET AND DEATH 5 days

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES DUE TO (b) Influenza, acute Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)

2 days

II. OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus ARTERIO-SCLEROSIS

Yrs 4804 Yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1950, to 2-6 1953, that I last saw the deceased alive on 2-5, 1953, and that death occurred at 12:30A m., from the causes and on the date stated above.

23a. SIGNATURE B. Marcus Heller MD (degree or title) B. Marcus Heller, M.D.

23b. ADDRESS 46 Bryant Bldg

23c. DATE SIGNED 2-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2-8-53

24c. NAME OF CEMETERY OR CREMATORY Sheffield

24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 2-7-53

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis Funeral Home K.C. Mo.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Guy Buffington
Licensed Embalmer No. 2756

P. O. Address K.C. 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.