

FILED MAY 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18706

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3840**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY 43760 OR TOWN University City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.		d. STREET ADDRESS 7536 Blackberry	
3. NAME OF DECEASED (Type or print) HERMAN B. GOODMAN		4. DATE OF DEATH April 20, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 21, 1908
9. AGE (In years for birthday) 49	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Retail Grocer	11. BIRTHPLACE (City and state or country) B. St. Louis, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Samuel Goodman		14. MOTHER'S MAIDEN NAME Essie Cohen	
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. Unk.	
17. INFORMANT Mrs. Bess Goodman		Address 7536 Blackberry	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the rectum Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 154x
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Nov 17, 1948 to April 20 and last saw him alive on April 19, 1957 . Death occurred at 130 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Michael W. Keel, M.D. (Degree or title)		22b. ADDRESS 4652 Maryland	22c. DATE SIGNED 4-20-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.	23b. DATE 4/21/57	23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth	23d. LOCATION (City, town, or county) (State) University City, Mo.
24. FUNERAL DIRECTOR Berger Memorial ADDRESS 4715 McPherson		25. DATE RECD. BY LOCAL REG. APR 23 57	26. REGISTRAR'S SIGNATURE Keel Smith Mo

St. Louis

No.

x University City

x

St. Louis

x 7536 Blackberry

f day

Jewish Hosp.

April 10, 1957

E. GOODMAN

HEBREW

APR 14 1957

Str. St. 1908 49

x

White

USA

Retail Grocer E. St. Louis, Ill.

Merchant

Basie Cohen

Samuel Goodman

Mrs. Eas Goodman 7536 Blackberry

No

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.

working under my personal supervision..

Student Signature of Student Embalmer

Signed *Edward J. Dine*

Licensed Embalmer No. 39

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.