

FILED AUG 26 1957

## STANDARD CERTIFICATE OF DEATH

318

1003

29487

STATE FILE NUMBER 7584

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jewish Hosp.</b>		Length of stay in 1b <b>50 yrs</b>	STREET ADDRESS (If outside, give location) <b>16<sup>0/9</sup> 5701 Easton</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>SAM</b> Middle <b>GOLDMAN</b> Last <b>GOLDMAN</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>18</b> Year <b>1957</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 15, 1887</b>		9. AGE (In years last birthday) <b>69</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wholesale Shoe Find.</b>	11. BIRTHPLACE (City and state or country) <b>USSR</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Jas. Goldman</b>			14. MOTHER'S MAIDEN NAME <b>Sarah (unk)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>49A-28-3428</b>		17. INFORMANT <b>Edw. Goldman 7725 How</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BRONCHOPNEUMONIA</b>					INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						
DUE TO (b) <b>UREMIA</b>						
DUE TO (c) <b>ARTERIOLE NEPHROSCLEROSIS 446X</b>						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
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.)				
20c. TIME OF INJURY Hour <b>12</b> Month, Day, Year						
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 <b>July 4, 1957</b> to <b>Aug. 12, 1957</b> and last saw <sup>how</sup> him <b>alive</b> on <b>Aug. 12, 1957</b> . Death occurred at <b>4:18 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <b>Alvin S. Wenzel, M.D.</b>			22b. ADDRESS <b>950 FRANCIS PLACE</b>		22c. DATE SIGNED <b>Aug. 13, 1957</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem.</b>		23b. DATE <b>8/14/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Chevre Kadisha</b>		
23d. LOCATION (City, town, or county) (State) <b>University City, Mo.</b>						
24. FUNERAL DIRECTOR <b>Berger Memorial 4715 Mc'herson</b>		25. DATE RECD. BY LOCAL REG. <b>AUG 14 57</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith MA</b>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

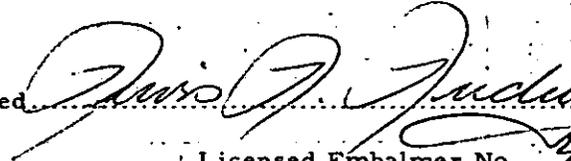
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

No. 101  
 St. Louis  
 Jewish Hosp. 50 yrs  
 2701 Easton  
 SAM  
 GOLDMAN  
 Aug. 18, 1927  
 Aug. 15, 1887  
 Male  
 White  
 Merchant  
 Wholesale Shoe Firm, USSR  
 Los. Goldman  
 Sarah (unk)  
 USA

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 \_\_\_\_\_  
 Signature of Student Embalmer

Signed   
 Licensed Embalmer No. \_\_\_\_\_

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.

Better Memorial A.P.S. person