MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16942

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4461, Page Blvd. St. ..... Ward)

File No. .....

Registered No. 4897

2. FULL NAME Max Bleiweiss

(a) Residence. No. ..... St., 11 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Goldie Bleiweiss

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 29 - 1879

7. AGE: Years 47 | Months 10 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Presser
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Russia

PARENTS

10. NAME OF FATHER: Joe Bleiweiss

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Russia

12. MAIDEN NAME OF MOTHER: Jennie Bleiweiss (nee)

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Russia

14. INFORMANT: David Bleiweiss
(Address) 4461 Page Blvd.

15. FILED MAY 25 1927, 19 ..... Max C Starkoff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 24 1927

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1927, to May 24, 1927, that I last saw h~~ere~~ alive on May 24, 1927, and that death occurred, on the date stated above, at 3.45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cirrhosis of the Liver
Non Alcoholic
174B (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

122 B1

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Otto L. Sahlender, M. D.

May 24, 1927 (Address) 4906 Washington Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Chesed Shel Emeth Cem

DATE OF BURIAL: May 25 1927

20. UNDERTAKER: H. Rindskopf

ADDRESS: 5216 Delmar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.