

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

Do not use this space.

28706

1. PLACE OF DEATH

County.....
Township.....
City H. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 1438 East Grand Blvd)

File No.
Registered No. 8247
St. Ward)

2. FULL NAME

Bessie Orenstein

(a) Residence No. St., 9 Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Orenstein

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 20-1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>79</u>	<u>8</u>	<u>5</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Russia

10. NAME OF FATHER

Samuel Fishgall

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Russia

12. MAIDEN NAME OF MOTHER

Rose Frankow

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Russia

14.

INFORMANT Max Orenstein
(Address) 676 Eastgate

15.

SEP 16 1922
FILED Ray E. Stankoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 15 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept. 12 1927, to Sept. 15 1927, that I last saw him alive on Sept. 13 1927, and that death occurred, on the date stated above, at 12:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
4 yr (duration) yrs. mos. ds.

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

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physical Examination
(Signed) A. H. Drayton, M. D.
(Address) University Club Bldg.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cheried Shel Emeth DATE OF BURIAL Sept. 16 1927

20. UNDERTAKER H. Rindskopf ADDRESS 5216 Delmar

K. 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.

THIS IS A PERMANENT RECORD

U. A. Macgregor
1882