OCT 28 1927

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

Do not use this space.

31290

1. PLACE OF DEATH
County St. Charles — Registration District No. 757
Township " " — Primary Registration District No. 3036
City Do " (No. 815 N Kings highway St. Ward)
File No.
Registered No. 158

2. FULL NAME Rubin Willner
(a) Residence. No. St., 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: Lena Willner

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 15-1869

7. AGE: 58 YEARS — MONTHS: — DAYS: 5 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Live stock dealer
(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: Not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Russia
12. MAIDEN NAME OF MOTHER: Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Russia

14. INFORMANT: Gradine Willner (Address)

15. FILED 10-20, 1927 Otto Bockemuhl REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 19th 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 19th, 1927, to Oct. 19th, 1927 that I last saw him alive on Oct. 19th, 1927, and that death occurred, on the date stated above, at 10 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
94A
95B (duration) yrs. mos. 1 hour ds.

CONTRIBUTORY (SECONDARY): Cardiac Asthma (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) B. P. Wentker, M. D
10-20th 1927 (Address) St. Charles Mo.

*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: Cherred Shel Emeth — DATE OF BURIAL: Oct. 20 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.