

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

Do not use this space.

32301

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis, Mo. (No.         ) Sanitarium St.          (Ward)

File No.           
 Registered No. 9713

**2. FULL NAME**

Esther Fleishman

(a) Residence, No. 3134 Sheridan Bldg 13 Ward.           
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 4 mos.          ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Louis Fleishman</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown</u>		
7. AGE <u>About 42</u>	YEARS <u>        </u>	MONTHS <u>        </u>
	DAYS <u>        </u>	IF LESS than 1 day, <u>        </u> hrs. or <u>        </u> min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <u>Housewife</u>		

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Wm. A. Lacey M.D.  
 (Address) 5300 Arsenal

15. FILED Oct 30 1927 Max B. Starosoff  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 29 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1927, to Present, 1927, that I last saw her alive on Oct 29, 1927, and that death occurred, on the date stated above, at 11-15 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute myocarditis  
130  
93A (duration) yrs. 1 mos.          ds.  
 CONTRIBUTORY Acute hemorrhagic nephritis  
 (SECONDARY) (duration) yrs.          mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH  
128

0 DID AN OPERATION PRECEDE DEATH? No DATE OF         

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory  
 (Signed) Wm. A. Lacey M. D.  
10-29, 1927 (Address) 5300 Arsenal

\*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 Oct 30 1927

20. UNDERTAKER H. Lindosoff ADDRESS 5216 Delmar

WHITE PAPER, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

