

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

Do not use this space.

38765

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1002
City, St. Louis (No. 5546, Vernon Ave.)

File No.....
Registered No. 11494
St. Ward)

2. FULL NAME Hyman Slavin

(a) Residence. No. St., 5 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

2. 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 Ida Slavin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 | 7 | 19

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Tailor
(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

10. NAME OF FATHER Manuel Slavin

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 Manuel Slavin
(Address) 5546 Vernon Ave.

15. FILED Dec 23 1927 Man G. Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 22 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1927, to Dec 22, 1927, that I last saw him alive on Dec 22, 1927, and that death occurred, on the date stated above, at 4 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
angina pectoris
9/23
111 B

CONTRIBUTORY (SECONDARY) acute pulmonary edema
(duration) yrs. mos. 1 ds.
+ (duration) yrs. mos. 1/2 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.
(Signed) Arthur E. Starkoff, M. D.

12/23, 1927 (Address) Univ. Club Bldg.

*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 Bellevue Hotel Emeth Cem. DATE OF BURIAL Dec. 23 1927

20. UNDERTAKER H. Rindskopf ADDRESS 5216

WRITE FULLY, 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.

