

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

Do not use this space.

2773

1. PLACE OF DEATH

County.....
Township.....
City St Louis

Registration District No. 791
Primary Registration District No. 1003
No. 5791 Westminster

File No.....
Registered No. 328
St..... Ward.....

2. FULL NAME

Harry Epstein
(a) Residence. No. 5791 Westminster 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

Male | white | widowed

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

Hattie Hehlbrum

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12, 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>hrs.</u> or <u>mins.</u>
<u>69</u>	<u>8</u>	<u>27</u>		

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Ind
(STATE OR COUNTRY)

10. NAME OF FATHER Abraham Epstein

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

12. MAIDEN NAME OF MOTHER Betty Meyer

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

14. INFORMANT Raymond Epstein
(Address) 5791 Westminster

15. FILED 10 1928 Marc Starckoff
19... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-9-1928

17. I HEREBY CERTIFY, That I attended deceased from July 1927, to Jan 9 1928, that I last saw him alive on Jan 9 1928, and that death occurred, on the date stated above, at 12 midnight.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis Chronic
Chronic Nephritis
Cerebral Arteriosclerosis
(old hemiplegia) (duration) 8 yrs. 3 mos. 0 da.
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) W H Ormsted M. D.

1-10-1928 (Address) 3720 Washington Ave

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Int Sine 1/16 1928

20. UNDERTAKER ADDRESS

Mayer 43rd St

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.

