

MAR 26 1928

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

Do not use this space.

6270

1. PLACE OF DEATH

County St. LouisRegistration District No. 189Township CentralPrimary Registration District No. 6033 BCity Anglemore(No. Jewish Sanatorium St. Ward)File No. 218Registered No. 218

2. FULL NAME

(a) Residence. No. 1413 Carr St St. Ward

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Divorced

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

Anna Gordon6. DATE OF BIRTH (MONTH, DAY AND YEAR) not known

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ____ hrs. or ____ min.

about 65

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Furniture Polisher

(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)

Poland

10. NAME OF FATHER

not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Poland12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Poland

14.

INFORMANT J. Glassman(Address) 1239 N. Euclid Ave.

15.

FILED 2/3 1928Rolla Gray M.D.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17.

I HEREBY CERTIFY, That I attended deceased from July 15, 1927, to Feb 1, 1928, and that I last saw alive on Feb 1, 1928, and that death occurred on the date stated above, at 8:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
97C97(duration) 5 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Arteriosclerosis

(duration) ____ yrs. mos. da.

18. WHERE DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

1413 Carr St.DID AN OPERATION PRECEDE DEATH? no DATE OF _____WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Salig Suman, 1928 (Address) Jewish Sanatorium Anglemore

*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

DATE OF BURIAL

Chered Shel Emeth Cem.Feb. 2 1928

20. UNDERTAKER

ADDRESS

H. Rindskopf5216
Belmar

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.

