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

Do not use this space.

6344

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1002

City St. Louis (No. 5645a Vernon St. ..... Ward)

File No. .....

Registered No. 1188

2. FULL NAME Anna Steinbach

(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

3. SEX: female
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: Samuel Steinbach

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1-10-1882

7. AGE: Years 46 | Months – | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(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): Podolsk Russia

PARENTS
10. NAME OF FATHER: Julius Nudelman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Russia
12. MAIDEN NAME OF MOTHER: Tama Sebata
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Russia

14. INFORMANT: Samuel Steinbach
(Address) 5645 Vernon

15. FILED FEB -1 1928 19.. May C Starkloff 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 Jan 2, 1928, to Feb 1, 1928, that I last saw him alive on Jan 31 45, 1928, and that death occurred, on the date stated above, at 5 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma (Rt Lung)
(duration) about 8 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? St Louis Mo
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? X Ray of Chest
(Signed) J. C. Lytes, M.D.
2/1, 1928 (Address) 527 Fresco Bldg St Louis 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: Bnai Amoona | DATE OF BURIAL: 2/2 1928

20. UNDERTAKER: H B Berger | ADDRESS: 4715 McPherson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state