

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

Do not use this space.

6374

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City *St. Louis* (No. *Jewish Hospital*) St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
 Registered No. **1273**

**2. FULL NAME**

*Nathan Bealson*

(a) Residence. No. *1483 1/2 Goodfellow* St., *5* Ward. (If nonresident give city or town and State)  
 (Usual place of abode)

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 *Elise Bealson*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept. 15 - 1865*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*62 4 17*

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work *Life Insurance Agt.*  
 (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 *Morris Bealson*

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

12. MAIDEN NAME OF MOTHER *Rose Valensky*

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

14. INFORMANT *Louis Goldberg*  
 (Address) *226 Arcade Bldg. E. St. Louis*

15. FEE *3* 1928 *May Stanley* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb 2 1928*

17. I HEREBY CERTIFY, That I attended deceased from *12/2*, 19*27*, to *2/2*, 19*28*, that I last saw *h. m.* alive on *Feb 2 1928*, 19*28*, and that death occurred, on the date stated above, at *5:35 P. m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

① *Chronic Myocarditis*  
 ② *Chronic Nephritis*  
*151*  
*100* about *3* yrs. mos. ds. (duration)

CONTRIBUTORY (SECONDARY) *Arteriosclerosis (General)*  
 (duration) *about 3* yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *St. Louis MO*  
 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) *Paul Murphy, M. D.*  
 , 19 (Address) *Jewish Hospital*

\*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 *Heviack Kadicha* DATE OF BURIAL *Feb 3 - 1928*

20. UNDERTAKER *H. Rindoff* ADDRESS *5216 Belmont*

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

