

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

Do not use this space.

6744

1. PLACE OF DEATH

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

Registration District No. 791
Primary Registration District No. 1003
(No. 2746 Lafayette Ave.)

File No.....
Registered No. 1696
St. Ward)

2. FULL NAME Joseph Blumenfeld

(a) Residence No. 2746 Lafayette Ave. St. 23 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 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 Freda Mark.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April, 23, 1870

7. AGE YEARS MONTHS DAYS H LESS than 1 day, _____ hrs. or _____ min.
57 9 22

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs Freda Blumenfeld
(Address) 2746 Lafayette Ave

15. FILED Feb 15 1928 Max Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 14 1928

17. I HEREBY CERTIFY That I attended deceased from Feb 13 1928 to Feb 14 1928 that I last saw him alive on Feb 14 1928, and that death occurred, on the date stated above, at 2:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Erysipelas of head, face, neck and chest, non-traumatic cause unknown

15 R (duration) yrs. mos. ds. 7 ds.
CONTRIBUTORY (SECONDARY) 1 R (duration) yrs. mos. 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?

(Signed) M. J. Thompson, M. D.
2/15 1928 (Address) 3108 Cass

*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

Mt. Olive (Jewish) 2.17/28

20. UNDERTAKER ADDRESS Mayer 336 Lindell Blvd

WRITE PLAINLY, 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.

OK proceed