

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

Do not use this space.

10590

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
Primary Registration District No. **1003**

File No.....  
Registered No. **2273**  
Sl..... Ward.....

**2. FULL NAME**

(a) Residence, No. **Albany Hotel** St., **12** Ward.....

(Usual place of abode) **4873 Page** (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 **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Unknown**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**37**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Bag merchant**  
(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 **Laron Alter Okladak**

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

12. MAIDEN NAME OF MOTHER **Rose (unk)**

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

14. INFORMANT **Isaac Greenberg**  
(Address) **774 Duvert**

15. FILED **1923** **Mar 6 Starceff** Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., and that I last saw him..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**From shock and injuries (crushed chest) received when a Chrysler coupe he was driving collided with the rear of a 4 1/2 ton truck at the intersection of Monroe St. + 18th St. Accident of 2/10/28**  
CONTRIBUTORY (SECONDARY)..... (duration).....

18. WHERE WAS DISEASE CONTRACTED **18th St**  
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS?.....  
(Signed) **Dr. J. M. Dwyer** M.D.  
**Dep Coroner**, 19**28** (Address).....

\*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 **Wai Amoon** DATE OF BURIAL **3/2 1928**

20. UNDERTAKER **H. B. Berger** ADDRESS **4715 McPherson**

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.

EMMENT RECORD

