

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

Do not use this space.

10842

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. Jewish)..... St. 15 Ward.....
 Registered No. 2663

2. FULL NAME

(a) Residence. No. 1118 N. 16 St., 15 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. 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) married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Sher

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
abt. 45

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Kiev
 (STATE OR COUNTRY) Russia

10. NAME OF FATHER Samuel Sher

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

12. MAIDEN NAME OF MOTHER Sylvia Unknown

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

14. INFORMANT Mrs. Rose Sher
 (Address) 1118 N. 16

15. FILED MAR -9 1928 19 Mar 6 Starckoff
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 8 1928

17. I HEREBY CERTIFY, That I attended deceased from 1-17-28, 1928, to 3-8-28, 1928, (that I last saw h. i. m. alive on March 8, 1928, and that death occurred, on the date stated above, at 10:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

D. Syphilis ? - the Central Nervous System with hemiplegia Right
54 (duration) 10? yrs. mos. da.

CONTRIBUTORY (SECONDARY) 38 (duration) ____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Serology

(Signed) Paul Murphy, M. D.

3/8, 1928 (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 DATE OF BURIAL

Neve Kedisha 3/9 1928

20. UNDERTAKER H. B. Berger ADDRESS 4115 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.

