

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

Do not use this space.

155515282

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. Jewish Hospital)

File No.
Registered No. 4495
St. Ward)

2. FULL NAME

(a) Residence. No. 2708 Thomas St. 21 Ward.

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. (If nonresident give city or town and State)

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 Sam Garber

6. DATE OF BIRTH (MONTH, DAY AND YEAR) not known

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, or about 60

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) Russia

10. NAME OF FATHER not known

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

12. MAIDEN NAME OF MOTHER not known

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

14. INFORMANT Sam Garber
(Address) 2708 Thomas St.

15. FILED APR 25 1928 Wm C Standley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-25-1928

17. I HEREBY CERTIFY That I attended deceased from 4-23-1928 to 4-25-1928 that I last saw him alive on 4-25-1928, and that death occurred, on the date stated above, at 8:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Infarcted Myocardium with pulmonary edema
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED 1180 St. Louis
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF 4-23-28
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? light microscopical
(Signed) Harry J. J. J. M. D.
4-25-28 (Address) 1180 St. Louis

*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 Chesid Shel Emith DATE OF BURIAL April 26 1928

20. UNDERTAKER H. Rindskopf ADDRESS 5-206 Delmar

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.

ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RD
PERMANENTLY BINDING INK--THIS IS A PERMANENT