

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

Do not use this space.

18447

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 516 St. Charles)

File No.....  
 Registered No. 4768  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

David Krisman  
 (a) Residence. No. 5801 Volker St. St. 6 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annie Krisman</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 25 - 1867</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>10</u>	DAYS <u>6</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Jewelry Mfg Co.</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>88</u> (c) Name of employer		

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

10. NAME OF FATHER Eric Krisman

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 Harry E. Krisman  
 (Address) 816 Pennsylvania Ave.

15. FILED May 6 Stanley  
 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10 1928

17. I HEREBY CERTIFY That I attended deceased from 15 1928 to 19 1928  
 that I last saw him alive on april 29 1928 and that death occurred, on the date stated above, at 4 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Haemorrhage  
arterio scleros  
 (duration)..... yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY.....  
 WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) M. P. Forwitz M. D.  
5/1, 1928 (Address) 506 Olive St.

\*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 Chesed She' Emetz DATE OF BURIAL May 3 1928

20. UNDERTAKER H. Reindarkoff ADDRESS 516 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.

PERMANENT RECORD

