

27 1928

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

Do not use this space.

21749

1. PLACE OF DEATH
 County St. Louis Registration District No. 189
 Township Central Primary Registration District No. 609-3305
 City Kingdom (No. Jewish Sanatorium)
 2. FULL NAME Frank Marion
 (a) Residence No. 5727 Easton St. _____ 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. _____

File No. _____
 Registered No. 195
 St. _____ Ward _____

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 Ida M. Marion
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6 1888
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 40. — 11
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retail Hardware Merchant
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____
 9. BIRTHPLACE (CITY OR TOWN) Mahilev
 (STATE OR COUNTRY) Russia
 10. NAME OF FATHER Frank Marion
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Russia
 12. MAIDEN NAME OF MOTHER Miriam Mirkin
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Russia

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17 1928
 17. I HEREBY CERTIFY, That I attended deceased from May 6, 1928, to June 17, 1928 that I last saw him alive on June 17, 1928, and that death occurred, on the date stated above, at 3:30 A.M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
23A
Pulmonary Tuberculosis
 (duration) 2 yrs. _____ mos. _____ da.
 CONTRIBUTORY Ememie
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ da.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? 5727 Easton Ave.
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Tubercle Bacilli in sputum
 (Signed) Edg. Linn, M. D.
June 17, 1928 (Address) Jewish Sanatorium
 *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 Neve Kedish DATE OF BURIAL 6/18 1928
 20. UNDERTAKER H. B. Berger ADDRESS 4775 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.

14. INFORMANT Morris Marion 16249
 (Address) 4849 Easton
 15. FILED 6/17 1928 at Osceola, Mo. REGISTRAR

