

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

Do not use this space.

32034

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 1396)

Registration District No. 701
Primary Registration District No. 1000

File No.
Registered No. 9295

2. FULL NAME

(a) Residence. No. 1396 Clara St., 5 Ward.

(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 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 Max Bloom

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. abt 58

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) Minsk
(STATE OR COUNTRY) Russia

10. NAME OF FATHER David Bernard

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

12. MAIDEN NAME OF MOTHER Ester Charne

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

14. INFORMANT M. Bloom
(Address) 1396 Clara

15. FILED May 2 19 1928 REGISTER

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1928, to Sept 17, 1928, that I last saw him alive on Sept 17, 1928, and that death occurred, on the date stated above, at 10:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1. Hemiplegia from non Maligant
2. AD. Tumor of brain

CONTRIBUTORY Pruritus pruriginosus
(SECONDARY) (duration) yrs. ? mos. da.

18. WHERE WAS DISEASE CONTRACTED 840
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Revellyn Sale, M. D.
Sept 17 1928 (Address) 3720 Washington

*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 Chapel of the Immaculate DATE OF BURIAL Sept 18 1928

20. UNDERTAKER H. Berger ADDRESS 4715 Madison

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

