

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

Do not use this space.

43106

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 2002
 City St. Louis (No. 5356th Ridge)

File No.
 Registered No. 12397
 St. Ward)

2. FULL NAME

(a) Residence. No. 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>Zlatka Jaffe</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>not known</u>		
7. AGE <u>about 63</u>	YEARS	MONTHS
	DAYS	IF LESS than 1 day,hrs. ormin.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Taylor</u> (c) Name of employer		

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

PARENTS	10. NAME OF FATHER <u>not known</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>
	12. MAIDEN NAME OF MOTHER <u>not known</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	

14. INFORMANT Bessie Goldstein
 (Address) 5356th Ridge Ave.

15. FILED DEC 19 1928
Max C. Standley
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 19 1928
 17. I HEREBY CERTIFY, That I attended deceased from Dec 17 1928, to Dec 19 1928, that I last saw him alive on Dec 18 1928, and that death occurred, on the date stated above, at 780 Q m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
107A Branch Pneumonia
108B 100-100
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Chronic Bronchitis
non-tubercular (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. H. Krum, M. D.
Dec 19 1928 (Address) Home Nat'l Hotel Bldg Q

*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
Chesed Shel Emeth Cem. Dec 20 1928
 20. UNDERTAKER ADDRESS
St. Rindskopf 5216 Delmar

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.

