

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

Do not use this space.

9662

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St Joseph Primary Registration District No. 1001
City St Joseph (No. 5057 So. 9th) St. _____ (Ward)

File No. _____
Registered No. 369
St. _____ (Ward)

2. FULL NAME

(a) Residence. No. 505 So. 9th St., _____ Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 21 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Israel Mallin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
76 Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry, business, or establishment in which employed (or employer). at home
(c) Name of employer None

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

10. NAME OF FATHER Isaac Benaiman

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

12. MAIDEN NAME OF MOTHER Rebecca Eisberg

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

14. INFORMANT I. E. Eshoff (Address) 505 So. 9th St.

15. FILED 3/17, 1929 John E. Ditt REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-17 1929

17. I HEREBY CERTIFY, That I attended deceased from 12 March, 1929, to March 17, 1929, that I last saw h. in March 16, 1929, and that death occurred, on the date stated above, at 12 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

bronchitis and bronchial catarrh
93D
106B (duration) 2 yrs. mos. ds.
112

CONTRIBUTORY (SECONDARY) myocarditis (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTACTED? IF NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? DATE OF _____ WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical Examination (signed) J. K. King, M. D.

(Address) 209 Logan Bldg.
*State the DISEASE CAUSING DEATH, or in death 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 Sham Sholem 3-17 1929

20. UNDERTAKER ADDRESS Deeman Funeral Home 1208 Francis

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.

PARENTS

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