

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

Do not use this space.

12574

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

City Registration District No.....

7903

File No.....

City *St. Louis* (No. *M.C. Baptist San.*)

Registered No. *3101*

St. .... Ward)

2. FULL NAME

(a) Residence. No. *5140 Delmar* St., *12* 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

*female*

4. COLOR OR RACE

*white*

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

*married*

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

*Frank Weinstein*

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

*Nov 15, 1869*

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>59</i>	<i>3</i>	<i>26</i>	<i>=</i>

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)

(STATE OR COUNTRY)

*Roumania*

10. NAME OF FATHER

*Joseph Moskowitz*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Russia*

12. MAIDEN NAME OF MOTHER

*Annie Deborah*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Roumania*

14. INFORMANT

(Address)

*J. Weinstein 5140 Delmar*

15. FILED

19 *29*

*May C. Frankly*  
REGISTRAR

17 MEDICAL CERTIFICATE OF DEATH

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

*Mar 11 19 29*

17.

I HEREBY CERTIFY, That I attended deceased from *Mar 11* 19 *29*  
that I last saw *her* alive on *Mar 11* 19 *29*, and that death occurred, on the date stated above, at *4 P* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*131*  
*Leukemia 932*

CONTRIBUTORY (SECONDARY)

*Ch. Indurated Nephritis - Ch. Impaction*  
*Hypertension*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DATE OF OPERATION PRECEDE DEATH, DATE OF

*of 2/10/29*

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

*J. Frankly M.D.*

*3/12, 1929* (Address) *4968<sup>th</sup> Delmar Bldg*

\*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

*Onai Amora*

*3/12 19 29*

20. UNDERTAKER

ADDRESS

*H W Berger*

*4715 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.

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29  
23  
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