

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

31818

1. PLACE OF DEATH

County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 6033 B
 City St. Louis (No. 2400 Ident Ave) St. Ward

File No.
 Registered No. 289

2. FULL NAME SAM BLUESTONE

(a) Residence. No. 4719^{1/2} McMillan 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Bluestone

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 64

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work JUNK DEALER
 (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) Russia

10. NAME OF FATHER SIMON BLUESTONE

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Sakowski
 (Address) 5855 Page Bl

15. FILED 9/18 19 29 Walla Tracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw him alive on , 19 , and that death occurred, on the date stated above, at 730 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
92A
93C
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Endocarditis
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED on street at
 (NOT AT PLACE OF DEATH) 2850 Hunt Ave.

DID AN OPERATION PRECEDE DEATH? no DATE OF M. C.

WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS? autopsy
 (Signed) John O. Howell M. D.

9/18, 1929 (Address) Parsons of St. Louis

*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 Pharad Hill, Smith County DATE OF BURIAL April 8 1929

20. UNDERTAKER James Rindskopf ADDRESS 5376 Delmar Bl.

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.

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

OCT 24 1929

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PARENTS

