

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1002
 City..... (No. 4829) Laffayette St. _____ Ward _____
 File No. 31976
 Registered No. 9005

2. FULL NAME

Lena Shachtman
 (a) Residence No. 4339 Laffayette St., 17 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|---|----------------------------------|--|-------------------|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown</u> | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. _____ min. |
| <u>64</u> | <u>4</u> | <u>don't know</u> | <u>don't know</u> | <u>or</u> |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work... <u>House keeper</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer..... | | | | |

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

10. NAME OF FATHER Nathan Kuncis

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

12. MAIDEN NAME OF MOTHER Lena Kuncis

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

14. INFORMANT J. P. Sager
 (Address) 723 Holmes

15. FILED 19 11 23 Rayle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 6 1929

17. I HEREBY CERTIFY, That I attended deceased from July 1929, to Sept 6 1929, that I last saw him alive on Sept 2 1929, and that death occurred, on the date stated above, at 5 27 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
Chronic Myocarditis
94A
730 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRAICTED _____
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) Arthur E. Shand, M. D.
9/6 1929 (Address) Univ. Club 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 Chesed Shel Emeth DATE OF BURIAL 9-6-1929

20. UNDERTAKER Reubander Undertaker ADDRESS 4822 Easton

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.

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