

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

Do not use this space.

10826

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 3151 Mendan)

File No.....
Registered No. 2851
St..... Ward.....

2. FULL NAME

Mariam Emas

(a) Residence, No. St. 21 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Yankel Emas

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not known

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 80

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(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 Nathan Haare

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

12. MAIDEN NAME OF MOTHER Blackman

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

14. INFORMANT Sam Emas
(Address) 577 1/2 N. 1st St. St. Louis

15. FILED 20 1930 REGISTRAR W. C. ...

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 1928, to March 19 1930 that I last saw him alive on March 19 1930, and that death occurred, on the date stated above, at 3:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Angina Pectoris
94A
73C

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic cardiac decompens.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chang Est
(Signed) Carl Wobs M. D.

9/-20, 1930 (Address) 615 No. Theatre 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

Bhered Shel Emmet DATE OF BURIAL 3-20 1930

20. UNDERTAKER H. Kindschopf ADDRESS 5216 Delmar

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.

