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

Do not use this space.

14053

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. Jewish Old Folks Home 1438 E. Grand St. ..... Ward)

File No. .....

Registered No. 3379

2. FULL NAME Leah Dora Biletsky

(a) Residence. No. 1438 East Grand St., 9 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. , ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Solomon Biletsky

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

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 At Home
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

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

PARENTS

10. NAME OF FATHER Sol Joseph Cohen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Russia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Leah Dora Cohen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bulzna
(STATE OR COUNTRY) Russia

14. INFORMANT Mr David Schwartz
(Address) 2025 S. Broadway

15. FILED ..... 19 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/4 1930

17. I HEREBY CERTIFY, That I attended deceased from Saw pt. once 4/2/30, 19..... that I last saw him alive on 4/2, 1930, and that death occurred, on the date stated above, at 3 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis, Chr.
93c.
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.
(Signed) E. Bogoloff, M. D.
, 19 (Address) 1116 Ins 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 Brai Amona. DATE OF BURIAL 4-4 1930

20. UNDERTAKER Oberhandley ADDRESS 4822 Easton

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

Sector 101 - Lot 72
Number 100

19-25 Pm
3-Sector