

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

Do not use this space.

19443

1. PLACE OF DEATH

County Jackson

Registration District No. 319

Township Kanawha

Primary Registration District No. 1007

City Kansas City (No. 3204 E 32nd St)

File No. _____

Registered No. 2487

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 3204 E 32nd St St. 14 Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth 5 yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl Glaser

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

7. AGE YEARS 55 MONTHS _____ DAYS _____ IF LESS than 1 day, _____ hrs. _____ or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Russia

10. NAME OF FATHER Phemias Glaser

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

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT (Address) David E. Herovitz
7304 E 32nd St

15. FILED 6/11 30 m.m. Crowe REGISTRAR Am

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9, 1930

17. I HEREBY CERTIFY, That I attended deceased from June 9, 1930 to June 9, 1930 (that I last saw him alive on June 9, 1930, and that death occurred, on the date stated above, at 7:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary occlusion
9415

(duration) _____ yrs. _____ mos. 1/2 ds.

CONTRIBUTORY (SECONDARY) unknown

(duration) _____ yrs. _____ mos. 1/2 ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Bern Jacobs M. D.

6/11, 1930 (Address) 1120 Rialto Bld

*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

Sheffield Cem

6-11-1930

20. UNDERTAKER

ADDRESS

J. P. Lewis Kans City Mo

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.

ORIGINAL (PLAIN) WITH CERTIFICATE THIS IS A PERMANENT RECORD

