

UG 20 1930

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

Do not use this space.

21970

1. PLACE OF DEATH

County Buchanan
Township St. Joseph, Mo.
City St. Joseph, Mo.

Registration District No. 85

Primary Registration District No. 1001
(No. Missouri Methodist Hos.)

File No. _____
Registered No. 795
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 626 South 11th (Usual place of abode) (S. _____ Ward _____)

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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 15, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 9 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Rabbi
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer _____

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

10. NAME OF FATHER Abba Borofsky
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Russia
12. MAIDEN NAME OF MOTHER Leah Bernstein
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Russia

14. INFORMANT Mrs. Dora Borofsky
(Address) St. Joseph, Mo.

15. FILED 11 19 1930
REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11, 1930

17. I HEREBY CERTIFY, That I attended deceased from 9th July, 1930, to 11th July, 1930, that I last saw him alive on 11th July, 1930, and that death occurred, on the date stated above, at 2:37 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
131
72
49 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis & Arterio Sclerosis (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT IN PLACE OF DEATH 7/12/30
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Frederick S. Lesser M. D.
7/11 1930 (Address) 770 1/2 S. 11th

*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 Shaare Sholem DATE OF BURIAL July 13, 1930

20. UNDERTAKER Sheeman Funeral Home ADDRESS 1946 Calhoun

N. B.—Every item of information should be carefully supplied. Age should be stated in years, months and days. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

