

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

Do not use this space.

24277

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **13.15** **Woodfellow**) St. _____ (Ward)

File No. _____
 Registered No. **6872**

2. FULL NAME

Samuel Sidansky
 (a) Residence, No. _____ St. **6** 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 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 **Fannie Sidansky**

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
about 8 1/2

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Retired**
 (b) General nature of industry, business, or establishment in which employed (or employer) **Clothing Merchant**
 (c) Name of employer

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

10. NAME OF FATHER **Joseph Sidansky**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT (Address) **Harry Sidansky 1315 Bell Ave.**

15. FILED **JUL - 1 1930** **Max C. Markoff** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 1 1930**

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute myocardial infarction
93A
16d (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Senile** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **Home**
 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) **Harry Sidansky** M. D.

7.1. 1930 (Address) **1315 Bell Ave.**

*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 Cem.** **DATE OF BURIAL** **July 1 1930**

20. UNDERTAKER **H. Rindskopf** **ADDRESS** **5216 Delmar**

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.

