

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

*St. Louis (No. City Hospital)*

File No. **24532**

Registered No. **6688**

St. **6688**

Ward

**2. FULL NAME**

(a) Residence. No. **1435** St. **Magway** Ward. **21**

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **600** 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)**

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1

day, ..... hrs.

or ..... min.

**8. OCCUPATION OF DECEASED**

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

*Bedder*

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

*Vegetable*

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

*Russia*

**10. NAME OF FATHER**

*Mordecai Palonsky*

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Russia*

**12. MAIDEN NAME OF MOTHER**

*Ester Abramovitz*

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Russia*

**14.**

INFORMANT.....

(Address)

*City Hospital*

**15.**

FILED.....

*JUL 11 1930*

*City Hospital*

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

*July 10 1930*

I HEREBY CERTIFY, That I attended deceased from

*June 20, 1930, July 10, 1930, that I last saw him alive on July 10, 1930 and that death occurred, on the date stated above, at 4:45 P.M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Central hemorrhage*

*92A*

*111B*

(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

*Terminal pneumonia not lobar or broncho #103*

(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**DID AN OPERATION PRECEDE DEATH?**

DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Joseph T. Fisher* M.D.

7/11, 1930 (Address) *City Hospital*

\*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**

*Beth Ham Hag.*

*7/11/ 1930*

**20. UNDERTAKER**

ADDRESS

*H. B. Brown*

*4715 McPherson*

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.

Polinsky