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

Do not use this space.

25165

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. Jewish Hosp. St. ..... Ward)

File No. .....

Registered No. 7374

2. FULL NAME Samuel Baskowitz

(a) Residence. No. 4525 Lindell St., ... Ward 12
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Becky Baskowitz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 20, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	62	7	2	

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

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

PARENTS

10. NAME OF FATHER Nahum Baskowitz

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

12. MAIDEN NAME OF MOTHER (unk)

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

14. INFORMANT Robt. Baskowitz (Nat)
(Address) 1321 Southwood

15. JUL 23 1930
FILED ....., 19.... Max C Harker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

5

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/22 1930

17. I HEREBY CERTIFY, That I attended deceased from March, 1928 to July 22, 1930 that I last saw him alive on July 22, 1930, and that death occurred, on the date stated above, at 3 55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gall-Stones (Obstruction of
126 Common Duct) - Operation
127D for removal of Stone
107A (duration) 2 yrs. 4 mos. — ds.

CONTRIBUTORY (SECONDARY) Broncho-pneumonia - acute pulmonary edema (duration) — yrs. — mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 19, 1930
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & lab.

(Signed) Arthur E. Strauss, M. D.
7/22, 1930 (Address) Univ. Club 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 Beth Ham Hag — DATE OF BURIAL 7/23 1930

20. UNDERTAKER H B Berger — ADDRESS 4715 McPherson

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.