

NOV 28 1930

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

Do not use this space.

33973

1. PLACE OF DEATH

County St Louis
Township St Ferdinand
City (No. 14385 Grand Ave)

Registration District No. 784
Primary Registration District No. 6030
German Sanitarium

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

2. FULL NAME

(a) Residence No. 14385 Grand Ave Ward _____
(Usual place of abode)

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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 # #

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cobbler
(b) General nature of industry, business, or establishment in which employed (or employer) Shoe repair shop
(c) Name of employer

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

10. NAME OF FATHER Joseph Miller

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)
Unknown

14. INFORMANT Mrs Ann Piskin
(Address) 1389 Temple Place

15. FILED 11/18, 1930 D. Carl J. Kautz
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-26-1930

17. I HEREBY CERTIFY, That I attended deceased from 10-9-1930 to 10-26-1930 that I last saw him alive on 10-26-1930, and that death occurred, on the date stated above, at 8:55 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

hypertension cerebral hemorrhage
97A
1033 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Hypertension (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
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) Felix S. Green M. D.

10-26-1930 (Address) 1389 Temple Place

*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-Nam-Nag DATE OF BURIAL Oct. 27 1930

20. UNDERTAKER H.B. Berger ADDRESS 4710 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.

