NOV 28 1930

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

Do not use this space.

34058

File No.

Registered No. 336

1. PLACE OF DEATH

County St. Louis

Township Carondelet

City Koch (No. , St. Ward)

Registration District No. 1123

Primary Registration District No. 4248 B.

2. FULL NAME SYLVAN, JOE

(a) Residence. No. 3504 Lawton Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 2 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	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 15, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	5	19	

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

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

PARENTS

10. NAME OF FATHER Morris Sylvan

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

12. MAIDEN NAME OF MOTHER Mary Jackson

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

14. INFORMANT R. Koch Hospital Records
(Address) Koch Missouri.

15. FILED Oct. 8 1930 L. C. Abrock
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 4, 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 2 1929, 19..., to Oct. 4 1930, 19... that I last saw him alive on Oct. 4 1930, 19..., and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
PULMONARY TUBERCULOSIS
23A

About (duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) Tuberculosis GI tract
Tuberculosis, Gastro-Intestinal Tract
(duration) About 6 months yrs. mos. ds.

3

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum

(Signed) J. Stolar, M. D.

10/4/30 (Address) J. Stolar Koch 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 Farther Lipon — DATE OF BURIAL 10/8 1930

20. UNDERTAKER Geo. Bruce — ADDRESS Garrison 1003

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 ...