

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

Do not use this space.

35997

File No. _____
Registered No. **10517**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City **St. Louis** (No. **James Boyd**)

2. FULL NAME

(a) Residence, No. **5870 Leimans** St. **5** 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 female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Max Reuben		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7, 1869		
7. AGE YEARS 61	MONTHS 11	DAYS 14
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Kiev Russia

13. NAME
Alexander Easten

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

15. MAIDEN NAME
Fanny Postoroff

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

17. INFORMANT (ADDRESS)
Frieda Reuben 1028

18. BURIAL, CREMATION, OR REMOVAL PLACE
Chapel of Meth DATE **10/16/1931**

19. UNDERTAKER (ADDRESS)
W. B. Berger 4715

20. FILED **16 1931** 19. **Kull** Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/14**, 19**31**

22. I HEREBY CERTIFY, That I attended deceased from **9/10**, 19**31**, to **10/14**, 19**31**
I last saw her alive on **10/14**, 19**31**. Death is said to have occurred on the date stated above, at **6:00** a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral embolism? Date of onset **10/14**
52.5
82.3
38
Other contributory causes of importance:
Carcinoma of Peritd 1 yr.
Stomach
Excessive

Name of operation **Carcinoma** Date of **Oct 1**
What test confirmed diagnosis? **Chem test** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **Cerebral embolism** M. D.
(Signed) **Carl H. Hefelt**
(Address) **Hebrew Hospital**

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.

RECEIVED FOR BUREAU

FORM NO. 2

