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

Do not use this space.

36112

File No.
Registered No. 10635

1. PLACE OF DEATH

County
Township
City St Louis Mo (No. , Jewish Hosp St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Isaac (Zwi) Livi

(a) Residence, No. 5528 Waterman Ward. 5
(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: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19, 1851

7. AGE: YEARS 80 MONTHS 2 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Trade
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) about 15 yrs
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME Unknown Livi
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Sam Livi 5528 Waterman

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cremorne Ol DATE 10-20 1931

19. UNDERTAKER (ADDRESS) Mary Vobco 4054 Finney

20. FILED OCT 20 1931 Theo C Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1931, to October 19, 1931

I last saw him alive on Oct. 19, 1931. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Myocarditis Chronic	2
Hypertension	2
Auricular fibrillation	?
Arteriosclerosis	?
Hemiplegia Apoplectic	?
Other contributory causes of importance:	
Carcinoma of bladder	?
Pyelitis - cystitis	?

Name of operation Date of
What test confirmed diagnosis? Physical Exam 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? No
If so, specify

(Signed) Herman D. G. Meyer, M. D.
(Address) 508 N. Grand.

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.

WRITE PLAINLY, WITH INKBRING THE PENCIL