

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

Do not use this space.

42135

**1. PLACE OF DEATH**

County *St. Louis*  
Township *Central*  
City *University City* (No. *720 Westgate*)

Registration District No. *1160*  
Primary Registration District No. *4470*

File No. \_\_\_\_\_  
Registered No. *145*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. *720 Westgate* St., \_\_\_\_\_ 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 <i>female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Phillip Myerson</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov 26, 1862</i>		
7. AGE YEARS <i>69</i>	MONTHS	DAYS <i>17</i>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at home</i>
	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)
11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Stovno Russia*

13. NAME  
*Wolf Taubman*

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

15. MAIDEN NAME  
*Voba (unk)*

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

17. INFORMANT  
*P. Myerson*  
(ADDRESS)  
*720 Westgate*

18. BURIAL, CREATION, OR REMOVAL PLACE  
*Mt. Olive Beth* DATE *12/14/31*

19. UNDERTAKER  
*A. B. Berger*  
(ADDRESS)  
*1515 Madison*

20. FILED *12-14-31* Registrar  
*W. J. Moeller*

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 13, 1931*

22. HEREBY CERTIFY, That I attended deceased from *Aug 24*, 19*31* to *Dec 13*, 19*31*  
I last saw her alive on *Dec 13*, 19*31*. Death is said to have occurred on the date stated above, at *2:40 p.m.*

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

*Occlusion of coronary artery*  
*59 50*  
*50*  
Other contributory causes of importance:  
*Diabetes mellitus*  
*Arterio-sclerosis chronic*  
*Cystitis chronic*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? *Physiologic* 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*31*

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) *Chapman Cross*, M. D.

(Address) *1020 Paul Brown*

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.

