

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. Jewish Hosp)

2425

File No.....
 Registered No. 89 Ward.....

2. FULL NAME

(a) Residence, No. Israel Joseph Edelstein St. 12 Ward. Anna Ills
 (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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mollie Edelstein</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unk</u>		
7. AGE <u>ab 69</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>General Merchant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retail</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1929</u>	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vitebsk Russia</u>		
13. NAME <u>Selig Edelstein</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
15. MAIDEN NAME <u>Taubke (unk)</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
17. INFORMANT <u>Mrs. Tillie Magidon</u>		
(ADDRESS) <u>7205 Elmwood</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wheeler Street Meth</u> DATE <u>1/4-1932</u>		
19. UNDERTAKER <u>N. B. Berger</u>		
(ADDRESS) <u>4735 Madison</u>		
20. FILED <u>JAN - 9 1932</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 3 - '32, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1931, to JAN 3 - '32, 1932.

I last saw him alive on Jan 2, 1932. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:
Ulceration of mouth throat Date of onset Dec 4/31
930
Ch. Myocarditis
Arterio-sclerosis

Other contributory causes of importance:
Ch. Myocarditis
Arterio-sclerosis

Name of operation..... Date of.....
 What test confirmed diagnosis? clinical 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) Arthur E. Straub, M. D.
 (Address) University Club Bldg.

Registrar.

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.

