

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

Do not use this space.

9933

1. PLACE OF DEATH

96 County St. Louis
Township Central 6
City —

Registration District No. 789

Primary Registration District No. 60393

File No. —

Registered No. 89

(No. Jewish Sanitation 166th Rd. St. — Ward)

2. FULL NAME

Eli (C.) Jawicki or. Solowichick

(a) Residence. No. 5445 E. Easton Ave. Ward. —

(Usual place of abode) Length of residence in city or town where death occurred yrs. 10 mos. — ds. How long in U. S., if of foreign birth? 32 yrs. — mos. — ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 62 — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Cantor
(b) General nature of industry, business, or establishment in which employed (or employer). Teacher
(c) Name of employer His own

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Ch. Colovorch (Address) 5445 E. Easton Ave

15. FILED 3/17 1932 Opela Gray M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 16th 1932

17. I HEREBY CERTIFY, That I attended deceased from July 23, 1931, to March 16, 1932 that I last saw him alive on 3-16, 1932, and that death occurred, on the date stated above, at 1.45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

23 Pulmonary tuberculosis (duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) — (duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. —

DID AN OPERATION PRECEDE DEATH? — DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? per. tin. spatum, x-ray, biopsy

(Signed) S. Stinson per W. J. J. J. M. D.

3-16, 1932 (Address) Jewish Sanitation, 166th St., M.D.

*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 Chapel Hill Church DATE OF BURIAL Mar 17 1932

20. UNDERTAKER — ADDRESS 4822 Easton Ave

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.

MAR 25 1932

