

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1009 N 9
Booked 6626

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.

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

Do not use this space.

10629

1. PLACE OF DEATH

County..... Registration District No. 78
Township..... Primary Registration District No. 100
City St. Louis (No. 2107) St. Anthony

File No.
Registered No. 2698
St. Ward)

2. FULL NAME

(a) Residence, No. St., 26 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. ab 85

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. habbler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 131

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) Russia

13. NAME Sarah Bernstein

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

15. MAIDEN NAME Sarah (unk)

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

17. INFORMANT (ADDRESS) Bernstein 1009 N 9 St. Anthony

18. BURIAL, CREMATION, OR REMOVAL PLACE buried St. Ann's DATE 3/20/32

19. UNDERTAKER (ADDRESS) Manhattan Undertaking Co. 214 N. 1st St. St. Louis

20. FILED 19 1009 N 9 St. Anthony Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 19 1932 to Mar 19 1932

I last saw him alive on Mar 18 1932 Death is said

to have occurred on the date stated above, at 60 a. m.

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

Chronic Interstitial Nephritis Date of onset

Other contributory causes of importance: no

Name of operation..... Date of.....

What test confirmed diagnosis? urinal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury....., 19.....

Where did injury occur? no (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) G. O. Leach, M. D. (Address) 1809 No 9 St

