

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

Do not use this space.

10873

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1003
 City St Louis Mo (No. 1480 Shawmut Pl.) St. Ward

File No.
 Registered No. 2948 St. Ward

2. FULL NAME Esther Roufa

(a) Residence, No. 1480 Shawmut Pl. St. 6 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed.</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed.</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb-17. 1868</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>about 64</u>	<u>1</u>	<u>1</u>	<u>9</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>23559</u>			
10. Date deceased last worked at this occupation (month and year) <u>Nov 1931</u>		11. Total time (years) spent in this occupation. <u>50 1/2</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia 23</u>				
FATHER	13. NAME <u>Moris Koulsten</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>			
	15. MAIDEN NAME <u>Unknown</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>			
	17. INFORMANT <u>Moris Roufa</u> (ADDRESS) <u>1480 Shawmut Pl.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chapel St. St. Elizabeth</u> DATE <u>Mar-27, 1932</u>				
19. UNDERTAKER <u>Ox Endlander</u> (ADDRESS) <u>2446 1/2 Washington Ave.</u>				
20. FILED <u>MAR 27 1932</u> <u>May O'Harley</u> Registrar.				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1931, to Mar 26, 1932
 I last saw her alive on Mar 26, 1932 Death is said to have occurred on the date stated above, at 9:45 p.m.
 The principal cause of death and related causes of importance were as follows:
 ① Ch. myocarditis
 ② Ch. Int. hepatitis
 ③ Diabete mellitus
 Date of onset

Other contributory causes of importance:
30 57 1

Name of operation Date of
 What test confirmed diagnosis? Ect. 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 Jones C. Kopelowitz, M. D.
 (Signed) 730 No. Del
 (Address) Alton

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.

