

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

Do not use this space.

13898

File No. ....  
Registered No. 34 .....  
St. .... Ward)

**1. PLACE OF DEATH**

9/6 County St. Louis Registration District No. 1160  
10 Township Central Primary Registration District No. 4470  
5 City University City (No. 7029) Westmoreland

**2. FULL NAME**

(a) Residence, No. 7029 Westmoreland St. Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eador Mendle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 17 - 1879</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>5</u>
	DAYS <u>19</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Chicago Ill. (STATE OR COUNTRY) Ill.

13. NAME Joseph Epstein

14. BIRTHPLACE (CITY OR TOWN) Poland (STATE OR COUNTRY) Poland

15. MAIDEN NAME Caroline Rosenfeld

16. BIRTHPLACE (CITY OR TOWN) Bohemia (STATE OR COUNTRY) Bohemia

17. INFORMANT Eador Mendle (ADDRESS) 7029 Westmoreland

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt. Olive Jewish DATE April 8 1932

19. UNDERTAKER H. Rindskopf (ADDRESS) 5216 Delmar

20. FILED April 7, 1932 Lena V. Moeller Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-6 1932  
22. I HEREBY CERTIFY, That I attended deceased from 4-6 1932, to 4-6 1932  
I last saw her alive on 4-6 1932 Death is said to have occurred on the date stated above, at 8 P. m.  
The principal cause of death and related causes of importance were as follows:

Bi lateral Hemiplegia 4/6/32  
73C  
82D  
97  
Other contributory causes of importance:  
Arterio-sclerosis many yrs.  
Chr. Myocarditis " "

Name of operation none Date of .....  
What test confirmed diagnosis? ..... 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) P. D. Stahl, M. D.  
(Address) 453 N. Taylor

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.

MAY 28 1932

RECORDS—THIS IS A PERMANENT RECORD

