

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

Do not use this space.

14277

1. PLACE OF DEATH

County..... Registration District No. 7071
Township..... Primary Registration District No. 12R
City St. Louis (No. Jewish Hospital)

File No.
Registered No. 3613
St. Ward)

2. FULL NAME

(a) Residence, No. 5166 Kensington St. 12 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 <u>Male</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>Mollie Ostrow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unk</u>		
7. AGE	YEARS	MONTHS
	<u>ab 59</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		DAYS
<u>Greer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		If LESS than 1 day, hrs. or min.
<u>165</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) (STATE OR COUNTRY) <u>Polthynia 23</u> <u>Russia</u>		
13. NAME <u>Unkn.</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>do 31</u>		
15. MAIDEN NAME <u>do</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>do</u>		
17. INFORMANT <u>Nathan Ostrow</u> (ADDRESS) <u>2959 Market</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE (Address of the cemetery) DATE <u>Chesed Sholometh 4/14/32</u>		
19. UNDERTAKER (ADDRESS) <u>H. B. Berger</u> <u>7755 McPherson</u>		
20. FILED <u>PP 11</u> 19 <u>32</u> <u>W. C. Standley</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 1/12, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/10, 1932 to April 1/12, 1932
I last saw him alive on 4/12, 1932. Death is said to have occurred on the date stated above, at 7.20 P.m.
The principal cause of death and related causes of importance were as follows:
Cardio-renal
vascular disease
131/131
Other contributory causes of importance:
①

Name of operation.....	Date of.....
What test confirmed diagnosis?.....	Was there an autopsy? <u>No</u>

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) Carl G. Giffith, M. D.
(Address) Jewish Hospital

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.

1875