

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.

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

Do not use this space.

14307

1. PLACE OF DEATH

County..... Registration District No. 91
Township..... Primary Registration District No. 25
City St. Louis (No. Jewish Moq)

File No.....
Registered No. 3643 St. Ward)

2. FULL NAME

(a) Residence, No. 1514 Franklin St., 25 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Morris Jaffer
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
8. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. above

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 735
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 Kovno

FATHER 13. NAME Naphtali Malk

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

MOTHER 15. MAIDEN NAME Besie (unk)

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

17. INFORMANT Morris Jaffer 223
(ADDRESS) 1514 Franklin

18. BURIAL, CREMATION, OR REMOVAL PLACE Beth Ham Moq DATE 4/14 1932

19. UNDERTAKER A. J. Berger
(ADDRESS) 4715 Moq

20. FILED APR 4 1932 Max E. Anderson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 13 1932
22. No. 1 HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 3:20 p. m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Asthenia, tuberculosis
Chronic Nephritis
Other contributory causes of importance:
131
99 131 (5)

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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 No Injury

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) J. W. Kemmer, M. D.
(Address) Dep. Coroner

