

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

Do not use this space.

14714

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1002
 City St. Louis (No. 3842; Russell Bl St. 4111 Ward)

2. FULL NAME

(a) Residence, No. 3842-Russell Bl 17 Ward. (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>Theresa Epstein</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 6 - 1855</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>5</u>
	DAYS <u>20</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>Gardner</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Shaw's Garden</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>St. Louis Mo</u>		
FATHER	13. NAME <u>Michael Epstein</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	<u>10</u>
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Theresa Epstein</u> <u>3842-Russell Bl</u>		
18. BURIAL, CREATION, OR REMOVAL PLACE <u>St. Peter Paul</u> DATE <u>Apr 28</u> <u>1937</u>		
19. UNDERTAKER (ADDRESS) <u>Wackey-Baldwin</u> <u>2331 S. Broadway</u>		
20. FILED <u>APR 27 1937</u> <u>St. Louis</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1937 to April 26, 1937
 I last saw h. in alive on April 26, 1937 Death is said to have occurred on the date stated above, at 11 A m.
 The principal cause of death and related causes of importance were as follows:

Influenza
11 A
130
 Other contributory causes of importance:
Acute diffuse nephritis April 19
 Date of onset: April 10

Name of operation None Date of None
 What test confirmed diagnosis Urine 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?.....
 If so, specify Adam & Youngman, M. D.
 (Address) 543 9 Grand

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.

