

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

Do not use this space.

17695

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1013**

City **St. Louis** (No. **City Hospital**)

2080

2. FULL NAME

(a) Residence, No. **1121 N. D. Sarah St.** Ward. **11**

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **35** yrs. mos. ds. How long in U. S., if of foreign birth? **35** yrs. mos. ds.

File No.
Registered No. **4646**
St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14-1866		
7. AGE	YEARS 65	MONTHS 10
	DAYS 27	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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		
MOTHER	13. NAME Jacob Leftkowitz	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia	
	15. MAIDEN NAME Juda Laha Bruckoff	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia	
17. INFORMANT (ADDRESS) Hospital information City Hosp. Kepp		
18. BURIAL, CREMATION, OR REMOVAL PLACE Church Kadisha DATE May 12 1932		
19. UNDERTAKER (ADDRESS) Oberhandler 4464 Washington		
20. FILED May 12 1932 Registrar		

MEDICAL CERTIFICATE OF DEATH

1
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 11 1932**

22. I HEREBY CERTIFY, That I attended deceased from **May 5th 1932** to **May 11th 1932**
I last saw him alive on **May 11 1932** Death is said to have occurred on the date stated above, at **4:10 PM**

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis?
93C
95C
D

Other contributory causes of importance:

Name of operation.....
What test confirmed diagnosis? **Clinical** 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 **Carl H. H. H. H.**, M. D.
(Signed) **City Hospital**
(Address)

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.

