

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

Do not use this space.

24236

File No. ....  
Registered No. **6350**  
St. .... Ward)

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1012**  
City **St Louis Mo** (No. **Jewish Hospital**)

**2. FULL NAME**

(a) Residence, No. **3953 EVANS Ave** St. **11** Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred **9** yrs. mos. ds. How long in U. S., if of foreign birth? **30** yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>male</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Ida Wortsman</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sept-1-1886</b>		
7. AGE YEARS <b>45</b>	MONTHS <b>10</b>	DAYS <b>9</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Tailor. 92</b>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Mens Clothing</b>		
10. Date deceased last worked at this occupation (month and year) .....		11. Total time (years) spent in this occupation <b>20 1/2</b>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Russia 23</b>		
13. NAME <b>Unknown</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Russia</b>		
15. MAIDEN NAME <b>Unknown</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Russia</b>		
17. INFORMANT <b>Ida Wortsman</b> (ADDRESS) <b>3953 Evans ave</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Chapel Hedden</b> DATE <b>July 10, 1932</b>		
19. UNDERTAKER <b>Oxenhander</b> (ADDRESS) <b>4469 S. Washington Blvd</b> <b>JUL 10 1932</b>		
20. FILED ..... 19..... Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-9**, 19 **32**

22. I HEREBY CERTIFY, That I attended deceased from **7-5**, 19 **32** to **7-9**, 19 **32**  
I last saw h. i. m. alive on **7-9**, 19 **32** Death is said to have occurred on the date stated above, at **5:30 A.M.**  
The principal cause of death and related causes of importance were as follows:  
**Carcinoma of rectum**  
**4604 62**  
Other contributory causes of importance:  
**none** **(D)**

Name of operation ..... **none** Date of .....  
What test confirmed diagnosis? **biopsy** 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  
(Signed) **Carl W. Herzig**, 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.

