

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

Do not use this space.

24571

File No. **6709**
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **702**
Township _____ Primary Registration District No. **1003**
City St. Louis (No. 4553 a, Mc Millan) St. _____ Ward _____

2. FULL NAME

Massie Bank
(a) Residence, No. 4553 a Mc Millan St. 1A 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. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
ab. 50

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. 235
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) Zhitomir Russia 23
13. NAME Moses Patner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT n. Bank 102 B
(ADDRESS) 4533 a Mc Millan
18. BURIAL, CREMATION, OR REMOVAL PLACE Head shot 12/24 DATE 7/22 1922

19. UNDERTAKER H. B. Berger
(ADDRESS) 4775 Mc Pherson
20. FILED May C. Stancley
(Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1932
22. I HEREBY CERTIFY, That I attended deceased from 11 1932 to 11 1932
I last saw him alive on attendant 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:

Heart Prostration
191 W.M.A.
Other contributory causes of importance: 30

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

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) J. J. [Signature] M.D.
(Address) [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.

