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.

24623

1. PLACE OF DEATH

County ..... Registration District No. 4791 Enroute

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. City Hospital #1 St. ..... Ward)

File No. .....

Registered No. 6762

2. FULL NAME Barnett Maslannikov

(a) Residence, No. 1249 a Aubert Av St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE~~ OF Zelda - Maslannikov

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE About 60 yrs — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jewler 46

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. watchmaker

10. Date deceased last worked at this occupation (month and year) July 21 32 12 hrs.

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia 23

FATHER

13. NAME Samuel Maslannikov

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

MOTHER

15. MAIDEN NAME Yetta Melnikoff

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

17. INFORMANT (ADDRESS) Zelda - Malannikov 1249 a Aubert

18. BURIAL, CREMATION, OR REMOVAL

PLACE Chesed Shel Emeth DATE July 22 1932

19. UNDERTAKER (ADDRESS) Oxenhandler Funeral Directors 4469 Washington Blvd.

20. FILED Jul 22 1932 Max C Starkeley Registrar 7/22/32

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 1932

22. I 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 8:35 P. m.

The principal cause of death and related causes of importance were as follows:

191

Heat Prostration

Date of onset

Other contributory causes of importance:

191

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) [signature], M. D.

(Address) Dep Coroner