

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

Do not use this space.

34312

File No. 9674

Registered No. _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. 1732 Simpson Place) St. _____ Ward _____

2. FULL NAME

Fram Waldstein
(a) Residence, No. 1732 Simpson Pl. St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 22 - 1861</u>		
7. AGE	YEARS	MONTHS
	<u>71</u>	<u>6</u>
		DAYS
		<u>9</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>President</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Waldstein Lumber Co</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany, 10</u>
	13. NAME <u>Nathan Waldstein</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>31</u>
	17. INFORMANT (ADDRESS) <u>Mrs. Lenora Trautz, 2141 E. Russell St. St. Louis</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Missouri Cemetery</u> DATE <u>Nov 1 - 1932</u>	
19. UNDERTAKER (ADDRESS) <u>Pats Byrne, 3029 Lafayette Ave, St. Louis</u>	
20. FILED <u>NOV - 1 1932</u> <u>Max O. Stork</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1932, to Oct 31, 1932. I last saw him alive on 10-31, 1932. Death is said to have occurred on the date stated above, at 6:22 a.m.

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

Carcinoma of stomach

Date of onset 1-1-32

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? X-ray 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? no
If so, specify _____
(Signed) Robert S. Langford, M. D.
(Address) 3115 S. 1st

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.

Dr. N. W. ...

315 Co Bank

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