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.

✓ 37111

File No.

Registered No. 9694

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St Louis (No. Jewish Hospital St. Ward)

2. FULL NAME Nathan Tashman

(a) Residence, No. 1433a Clara Ave. St., 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
about	55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry + Fruits

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 170

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 32 yrs

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

FATHER

13. NAME Mosha-Tashman.

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Louis Kootman. 1372 Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed-Shel-Emeth DATE Nov-2-1932

19. UNDERTAKER (ADDRESS) Oxenhandler-Tumeral Directors - 4469 Washington Blvd.

20. FILED NOV -2 1932 19 [signature] Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1932, to Nov 1, 1932

I last saw him alive on Nov 1, 1932 Death is said to have occurred on the date stated above, at 2:35 P.m.

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

	Date of onset
Cholecystitis, chronic	2 mos
Post-operative shock	1 day
12TB	
12TA	

Other contributory causes of importance: Operation

Name of operation Cholecystectomy Date of Oct 31, 1932

What test confirmed diagnosis? 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 J. Heifetz, M. D.

(Address) Jewish Hospital