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

Do not use this space.

37782

File No. 10484

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 7951

Township ..... Primary Registration District No. 1000381

City St. Louis Mo (No. Home - 1327-N. Newstead Ave St. ..... Ward)

2. FULL NAME Tavia - Figus

(a) Residence, No. 1327-N Newstead Ave St., 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 42 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: Goldie - Figus

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

7. AGE: Years: about 71 yr; 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.: Sexton - in Temple.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: For a Temple.

10. Date deceased last worked at this occupation (month and year): Mar - 1932

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia 28

FATHER

13. NAME: Jacot - Figus

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): Goldie Figus 1327 N. Newstead

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cheved Shel Emeth DATE: Nov - 27 1932

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

20. FILED: NOV 27 1932 19 Mark C. Hanen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov - 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/23, 1932 to 11/26, 1932

I last saw him alive on 11/25, 1932. Death is said to have occurred on the date stated above, at 2 a. m.

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

	Date of onset
Myocarditis Chronic	
9 yr	

Other contributory causes of importance:

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. C. Fleischman, M. D.

(Address) 822 Century Bldg.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.