

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

Do not use this space.

2409

1. PLACE OF DEATH

County..... Registration District No. 78
Township..... Primary Registration District No. 1011
City St. Louis (No. City Hospital)

File No.
Registered No. 1360
St. Ward)

19106

2. FULL NAME Jannice Bornstein
(a) Residence, No. 1916 Franklin Ward. 21
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 25 - 1888</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>5</u>
	DAYS <u>13</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>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>Russia</u>		
FATHER	13. NAME <u>Joseph Pavlotsky</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
MOTHER	15. MAIDEN NAME <u>Pearl Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
17. INFORMANT (ADDRESS) <u>Hospital information city hospital</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grave Unknown Feb 8 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Hallet & Brewer 47 1/2 - 1/2 W. Allen</u>		
20. FILED <u>FEB - 8 1933</u> <u>Wm C Stanley</u> Registrar.		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7th 1933 to Feb. 7th 1933

I last saw her alive on Feb 7th 1933 Death is said to have occurred on the date stated above, at 5.10 a.m.

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

Arterio-sclerotic heart dis. (Chr. Myocarditis),
Diabetes Mellitus
Nephrosis

Other contributory causes of importance:
59
93C
95H

Name of operation Date of
What test confirmed diagnosis? clin 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) McColeman M. D.
(Address) City Hospital

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.

Bohman