

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 701
 35 Township Primary Registration District No. 3003
 9 City St. Louis Mo. (No. 6127 Mc Pherson Ave)

File No. 7551
 Registered No. 1507
 St. Ward

2. FULL NAME

Harry Furth.

(a) Residence, No. 6127 Mc Pherson Ave. Ward. 5
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec, 22, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 1 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
 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) Bohemia

13. NAME Moses Frank

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs Sam J. Stein
6127 McPherson Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Sinai DATE 2/14/33

19. UNDERTAKER (ADDRESS) Mayh
4356 Lindell Blvd

20. FILED FEB 14 1933 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1933, to Feb 12, 1933

I last saw him alive on Feb 11, 1933. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Myocarditis Chr.

Date of onset Feb 11-33

Other contributory causes of importance:

Angina Pectoris

Name of operation Date of

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? No
 If so, specify

(Signed) F. Feder M. D.

(Address) University of North Dak.

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100-100000

UNITED STATES DEPARTMENT OF JUSTICE

MEMORANDUM FOR THE ATTORNEY GENERAL

DATE: [Illegible]

TO: [Illegible]

FROM: [Illegible]

SUBJECT: [Illegible]

[Illegible]