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

Do not use this space.

10986

1. PLACE OF DEATH
County: St Louis — Registration District No.: 790 — File No.:
Township: Central — Primary Registration District No.: 6038 — Registered No.:
City: Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME: Jacob Stein
(a) Residence (Usual place of abode) No. 5547 Lee Ave St., Ward. (If nonresident, give city or town and State)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Margaret Stein
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 26 1847
7. AGE: Years 85 — Months 6 — Days 11 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Minister 93
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 115
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): Germany 10

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

17. INFORMANT (ADDRESS): Mrs Bessie Stein 5547 Lee Ave
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Owensboro, Ky. DATE: Mar. 8th 1933
19. UNDERTAKER (ADDRESS): Drehmann & Karrel 1905 Union Blvd
20. FILED: March 17, 1933 K.W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 7, 1933
22. I HEREBY CERTIFY, That I attended deceased from 1-23, 1933, to 3-, 19..
I last saw h. alive on 3-7, 1933. Death is said to have occurred on the date stated above, at 1:05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	Intermittent
GSC	
Other contributory causes of importance:	
Senility Agonal angina pectoris	

Name of operation: Prostate media — Date of: 2-9-33
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) John A. Rogers, M. D.
(Address) St. Louis Co. Hosp. Clayton, Mo

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.