

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

Do not use this space.

12986

**1. PLACE OF DEATH**

County Greene Registration District No. 318  
Township Stamphill Primary Registration District No. 2001

File No. \_\_\_\_\_  
Registered No. 338  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 657 S Market St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. app 66

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

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

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) Russia

13. NAME Malhan Lefman

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

15. MAIDEN NAME Sonia Lefman

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

17. INFORMANT (ADDRESS) Berlman Lefman

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE April 19 1933

19. UNDERTAKER (ADDRESS) Floyd W. Fox

20. FILED 4-19-33 Ralph Langston Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 18 33 to Apr 18 33

I last saw him alive on Apr 18 33. Death is said to have occurred on the date stated above, at 7:30 pm.

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

Cerebral hemorrhage 4/18/33  
Hypertension

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? no

If so, specify Robert Shym M. D.  
(Signed) \_\_\_\_\_

(Address) Spruyngholm

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.

MAY 22 1933

MARGIN RESERVED FOR BINDING

U. S. NO. 2

580-588

~~Don Post.~~

262

McHenry