

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. M. D. Baptist Hosp.)

File No. 17812
Registered No. 3996
St. Ward

2. FULL NAME

(a) Residence, No. 1309 Blackstone St., 6 Ward.
(Usual place of abode) (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 <u>M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 2-1933</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, <u>10</u> hrs. or <u> </u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

13. NAME Meyer Snider

14. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

15. MAIDEN NAME Francis Goy

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

17. INFORMANT M. Glassman
(ADDRESS) 1260 N. Euclid Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn DATE May - 3 1933

19. UNDERTAKER Cranbulla Funeral Director
(ADDRESS) 7469 Washington Blvd.

20. FILED MAY - 3 1933
F. P. ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 2/33, 19... to ... 19...
I last saw him alive on May 2, 1933 Death is said to have occurred on the date stated above, at 6 P. m.

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

Premature (7 mos.)
159
1614 / 159
Other contributory causes of importance:
atalectasis

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) H. M. Rosenstein, M. D.
(Address) 3903 Olive St.

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.

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