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.

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. 1003 ..... File No. 21880

Township ..... Primary Registration District No. ..... Registered No. 5721

City St Louis Mo (No. Jewish Hospital St. ..... Ward)

2. FULL NAME Hyman Ofstein

(a) Residence, No. 5018 Riverview Drive 8 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-10-1879

7. AGE 54 YEARS | MONTHS 2 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe maker 46

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe 82D

10. Date deceased last worked at this occupation (month and year) Jan 15 1933

11. Total time (years) spent in this occupation 22 1/2 12 5B

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

FATHER

13. NAME Chiam Pasich Ofstein

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Anna Noel
(ADDRESS) Box 902 Clayton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cheverah Kedisha DATE June 30 1933

19. UNDERTAKER Oenhandler Funeral Sector
(ADDRESS) 4469 Washington Blvd

20. FILED JUN 30 1933 J F Baedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/29, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/20, 1933, to June 29, 1933

I last saw him alive on 6/29, 1933. Death is said to have occurred on the date stated above, at 10 10 P.M.

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

	Date of onset
1) Carcinoma of liver	
2) Abscess of liver	
3) Hemiplegia, rt.	
4) Bronchopneumonia, bilateral	

Other contributory causes of importance:

Name of operation None 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) Harry Agress, M. D.

(Address) Jewish Hospital, St. L. Mo.