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.

SEP 26 1933

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

Do not use this space.

28050

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 7128

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

2. FULL NAME Epstein, Louis

(a) Residence, No. 80 Aberdeen Place St., 5 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 - 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	83	2	17	

OCCUPATION

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

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

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) Poland

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Bertha Epstein (ADDRESS) 80 Aberdeen Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Sinai Cem. DATE Aug. 20, 1933

19. UNDERTAKER H. Rindskopf (ADDRESS) 5216 Delmar

20. FILED AUG 18 1933 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/16, 1933, to 8/17, 1933

I last saw him alive on 8/17, 1933. Death is said to have occurred on the date stated above, at 11 13 P.m.

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

Date of onset

Broncho pneumonia, bilateral
Arteriosclerosis, general
930
107
113

Other contributory causes of importance:
Pulmonary emphysema
Myocarditis, chronic

Name of operation None Date of —

What test confirmed diagnosis? None 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) Harry Agress, M. D.

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