

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

Do not use this space.

38434

1. PLACE OF DEATH

County..... Registration District No. 31
Township..... Primary Registration District No. 003
City St. Louis Mo. No. Sanitarium St. _____ Ward)

File No.....
Registered No. 10095
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 2111 Clark (rear) St. Ward. 27

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 42 yrs. - mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 25, 1891</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>42</u> | <u>-</u> |
| | | DAYS |
| | | <u>26</u> |
| | | IF LESS than 1 day, hrs. or min. |

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u> |
| | 10. Date deceased last worked at this occupation (month and year) <u>Nov. 21, 1933</u> |
| | 11. Total time (years) spent in this occupation <u>Unknown</u> |

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT (ADDRESS) Benjamin Margolis, M.D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov-24-1935

19. UNDERTAKER (ADDRESS) A. St. M. Langley 16399 Mission Ave.

20. FILED NOV 25 1935 19 J. Bedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 21st, 1933

I HEREBY CERTIFY, That I attended deceased from July 2nd, 1932, to Nov. 21st, 1933
Last seen alive on Nov 21st, 1933. Death is said to have occurred on the date stated above, at 6:50 P.M.

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

Pulmonary Tuberculosis Date of onset 7/2/32
2nd 25

Other contributory causes of importance:

Name of operation Oxley Clinical 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 Benjamin Margolis, M. D.
(Signed) (Address) 15400 Arsenal St.

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.

