

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

Do not use this space.

3515

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
Township Central Primary Registration District No. 4470
City University City No. 556 Burdue St. _____ Ward)

File No. _____
Registered No. 16

2. FULL NAME

(a) Residence, No. 556 Burdue Ave St. _____ 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 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 Edna Stein
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1892
7. AGE YEARS 41 MONTHS 8 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. President
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Milk & Dairy Products Co.
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) Philadelphia Pa.

FATHER 13. NAME Solomon Stein

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

MOTHER 15. MAIDEN NAME Ila Pearlmutter

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

17. INFORMANT (ADDRESS) Mrs. Edna Stein 1107

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive Heb DATE 2/26 1934

19. UNDERTAKER (ADDRESS) H. G. Berger 4715 McPherson

20. FILED Jan 25, 1934 Edna V. Mueller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 1934

22. I HEREBY CERTIFY, that I attended deceased from Jan 7, 1934, to Jan 24, 1934. I last saw him alive on Jan 20, 1934. Death is said to have occurred on the date stated above, at 6:45 a.m.

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

Bronchopneumonia Date of onset _____
Hyperextension of the spine
Chronic degenerative nephritis

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys Exam. 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) F. E. Ryan M. D. (Address) 508 N. Grand

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. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

FEB 27 1934

