WHITE PLANET, 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.

APR 25 1934

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. 791 File No. 10403

Township ..... Primary Registration District No. 1003 Registered No. 2199

City St. Louis Mo. (No. 5136 Cabanne Ave St. ..... Ward)

2. FULL NAME Iena Bejach

(a) Residence, No. 5136 Cabanne Ave St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Abraham Bejach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb, 19, 1847

7. AGE: 87 YEARS, MONTHS: 0, DAYS: 10. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME ******** Goldsmith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs M. Bothmans 5136 Cabanne Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive (JEWISH) DATE 3/4/34, 19

19. UNDERTAKER (ADDRESS): Mayer 4356 Lindell Blvd

20. FILED ..... 19 J L Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 1st, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feby 25th, 1934, to Mch 1st, 1934
I last saw her alive on Mch 1st, 1934 Death is said to have occurred on the date stated above, at 8:25 p.m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris

94a

Date of onset

Other contributory causes of importance:
acute bronchitis
arteriosclerosis =

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) Frank Boothen, M. D.
(Address) 6200 Pershing Ave.