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.

APR 25 1934

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

Do not use this space.

10480

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2289

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

City St Louis Mo (No. 500 So. Kingshighway St. ..... Ward)

St Louis Children's Hospital

2. FULL NAME Baby Boy Torgove

(a) Residence, No. 4551 Shenandoah St., 17 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-17-1934

7. AGE: YEARS | MONTHS | DAYS: 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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): St Louis Mo.

FATHER
13. NAME: Saul
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

MOTHER
15. MAIDEN NAME: Rose Adler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

17. INFORMANT (ADDRESS): T. S. Westhoff 500 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chevrah Kadisha DATE Mar 6 1934

19. UNDERTAKER (ADDRESS): Dunham Sen Funk in due 4469 Washington

20. FILED ..... 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1934, to March 5, 1934

I last saw him alive on March 5, 1934 Death is said to have occurred on the date stated above, at 8:55 p.m.

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

	Date of onset
Diaphragmatic Hernia	2-17-34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? yes.

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) E. L. Glasscock M. D.

(Address) St. Louis Children's Hospital