

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. **791**
Primary Registration District No. **1003**
(No. *Jewish Hospital*)

File No. **14426**
Registered No. **3600**
St. Ward

2. FULL NAME

(a) Residence, No. *425* *Harwin* St. *NR* Ward.

(If nonresident, give city or town and State)
Daytona Beach Fla.

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) *widow*

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Max Epstein*

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 6, 1884*

8. AGE YEARS *50* MONTHS *3* DAYS *3* IF LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. 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*

13. NAME *Mortz Lewkowitz*

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

15. MAIDEN NAME *Julia Kohn*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Austria*

17. INFORMANT *Mrs. Marcello Beamsky* (ADDRESS) *Daytona Beach Fla*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt. Olive Cem* DATE *4/12/34*

19. UNDERTAKER *A. G. Berger* (ADDRESS) *St. Louis*

20. FILED *APR 10 1934* Registrar *J. Bredeck*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/9* 19 *34*

22. I HEREBY CERTIFY, That I attended deceased from *see 8*, 1933, to *April 9*, 1934
I last saw h. e. alive on *April 8*, 1934. Death is said to have occurred on the date stated above, at *4 A* m.
The principal cause of death and related causes of importance were as follows:

Carcinomatosis General Date of onset
Carcinoma of Pancreas *Jan 19 33*
46 *46E*
Other contributory causes of importance: *53E*
General Carcinomatosis *Sep 19 33*

23. Name of operation *4 pleurary* Date of *Sept 11 33*
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) *J. Singer*, M. D.

(Address) *University Club Bldg*

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.

