

**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. 991  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 1438 E Grand)

File No. 22509  
 Registered No. 6378  
 St. .... Ward .....

**2. FULL NAME**

Gershon Epstein  
 (a) Residence, No. 1438 E Grand St. 9 Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 30 yrs. mos. ds. 9 How long in U. S., if of foreign birth? 32 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Feiga Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>about 69</u>	MONTHS	DAYS
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoe Business</u>	
	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) <u>Russia</u>		
MOTHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
	15. MAIDEN NAME <u>Unknown</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
17. INFORMANT <u>Morris Shapiro</u> (ADDRESS) <u>73 60 Amherst</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chester Hill Emeth</u> DATE <u>June 28, 1934</u>		
19. UNDERTAKER <u>Oxenhandley Funeral Dir</u> (ADDRESS) <u>4469 Washington</u>		
20. FILED <u>N 28 1934</u> 19..... <u>J. J. Bredecks</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1934

22. I HEREBY CERTIFY that I attended deceased from 6/21/34, 1934, to 6/26, 1934  
 I last saw him alive on 6/26/34, 1934 Death is said to have occurred on the date stated above, at 5:00 A.M.  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset

Chr. Myocarditis  
1930  
107A  
ABC

Other contributory causes of importance:  
Broncho-Pneumonia

Name of operation..... Date of.....  
 What test confirmed diagnosis? Physical 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?.....  
 If so, specify.....  
 (Signed) E. S. S. S. S. M. D.  
 (Address) 64 E. 2nd, Bldg

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.

