

WHITE PRINTING, 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. AUG 16 1934

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

Do not use this space.

27092

17326

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City: **St. Louis Mo** (No. **Jewish Hospital**) St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME **Beaie Shtroum**

(a) Residence, No. **1421 Goodfellow** St., **6** Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **9** yrs. mos. ds. How long in U. S., if of foreign birth? **9** yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Aaron Shtroum**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 62

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**
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) **July 3 1934** 11. Total time (years) spent in this occupation **40 1/2**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

13. NAME **Mosha Boik**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Aaron Shtroum** (ADDRESS) **1421 Goodfellow**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Good Shepherd** DATE **July 22 1934**

19. UNDERTAKER **Orenhandl Funeral Home** (ADDRESS) **4462 Washington Bldg**

20. FILED **Jul 21 1934** **J. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 21 1934**

22. I HEREBY CERTIFY That I attended deceased from **March 1934** to **July 21 1934**
I last saw h. ex. alive on **July 21 1934** Death is said to have occurred on the date stated above, at **6:15 P.M.**
The principal cause of death and related causes of importance were as follows:

Heart stroke Date of onset **July 21**
1916
1911
3057
Other contributory causes of importance: **Hypertension**

Name of operation Date of
What test confirmed diagnosis? 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) **James C. Cook** M. D.
(Address) **508 N. Grand Bl**

