

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

Do not use this space.

FEB 20 1935

273

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township St. Joseph, Mo. Primary Registration District No. 1001
 City St. Joseph, Mo. (No. 2714 Francis) St. 96 (Ward)

File No. _____
 Registered No. 96

2. FULL NAME David Einbender

(a) Residence, No. 2714 Francis St. _____ 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. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Edith Einbender

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1871

7. AGE YEARS 64 MONTHS 0 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Junk

10. Date deceased last worked at this occupation (month and year) Jan 1935 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
RUSIA

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Unknown

17. INFORMANT Mrs. Edith Einbender
 (ADDRESS) 2714 Francis

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Shaare Sholem DATE Jan. 22, 1935

19. UNDERTAKER St. Fleeman Mortuary
 (ADDRESS) St. Joseph, Missouri

20. FILED 1-22-35 John R. Bender
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 21, 1935

22. I HEREBY CERTIFY, that I attended deceased from Jan 21 1935 to Jan 21 1935

I last saw him alive on Jan 21, 1935 Death is said to have occurred on the date stated above, at 11 a.m.

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

Coronary Embolism Date of onset _____

Other contributory causes of importance: 94 W

Name of operation none Date of _____
 What test confirmed diagnosis? Chin 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) Frank H. Dooligan, M. D.
 (Address) St. Joseph, Mo.

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.

