

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.

Wm. J. ...  
 MAR 8 1935

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

Do not use this space.

10430

1. PLACE OF DEATH  
 County St. Louis Registration District No. 789  
 Township Central Primary Registration District No. 6033  
 City Overland (No. 9516) W. Milton St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Morris W. Kaufman  
 (a) Residence, No. 9516-W Milton St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Kaufman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8 - 1861

7. AGE YEARS 73 MONTHS 3 DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Milw. Brush Co.  
 10. Date deceased last worked at this occupation (month and year) 7/15/35 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Donesboro, Ind.

FATHER  
 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER  
 15. MAIDEN NAME \_\_\_\_\_  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Minnie Kaufman  
 (ADDRESS) 9516-W Milton Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Overland, Ill. DATE 3-11-1935

19. UNDERTAKER Blissman Brothers  
 (ADDRESS) Overland, Mo.

20. FILED 3-9- 19 35 Ed. Baehner  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1934 to Mar 7, 1935  
 I last saw him alive on Mar 7, 1935 Death is said to have occurred on the date stated above, at 6:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Sclerosis Date of onset \_\_\_\_\_  
Arterio Sclerosis  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 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) F. L. Griley M. D.  
 (Address) 920 9<sup>th</sup> Milton

