MAY 8 1935

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

Do not use this space.

14133

File No. .....

Registered No. 54.

1. PLACE OF DEATH Ferguson Town

County St. Louis Registration District No. 333

Township St. Ferdinand Ferguson Primary Registration District No. 4468

City Robertson, Mo. (No. Jewish Sanatorium St. ..... Ward)

2. FULL NAME Sidney Chazen

(a) Residence, No. 7015 Gorman ave St. ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode) Pine Lawn, Mo.

Length of residence in city or town where death occurred 16 yrs. 9 mos. 9 ds. How long in U. S., if of foreign birth? 16 yrs. 9 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11 1918

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
16.	9	9	

OCCUPATION

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

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) St Louis

FATHER

13. NAME Sam Chazen

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

MOTHER

15. MAIDEN NAME Rose Goldstein

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

17. INFORMANT (ADDRESS) Sam Chazen 7015 Gorman

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 4-21 1935

19. UNDERTAKER (ADDRESS) Oxenhandler Funeral Institute 4469 Washington Blvd.

20. FILED April 20th 1935 W. A. Zeitler Registrar. C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 1935

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1934, to April 20, 1935

I last saw him alive on April 20, 1935. Death is said to have occurred on the date stated above, at 9.55 a.m.

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

	Date of onset
Active Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. and Laboratory 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) Seliz Simon per D. Kutchen M. D.

(Address) Jewish Sanat. Robertson Mo.

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.