

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

JUN 13 1935

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18138

1. PLACE OF DEATH

County Registration District No.
 Township Primary Registration District No.
 City St. Louis (No. 1239th), Euclid St. Ward)

File No.
 Registered No. 4482
 St. Ward)

2. FULL NAME

David Holtzman
 (a) Residence, No. 1239th, Euclid St., 12 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds. (If nonresident, give city or town and State)

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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Anna Holtzman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE	YEARS	MONTHS
<u>about 50</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Junk Dealer</u>	11. Total time (years) spent in this occupation <u>35 1/2</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wholesale</u>	
	10. Date deceased last worked at this occupation (month and year) <u>5-17-35</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
MOTHER	13. NAME <u>Chain Holtzman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
	15. MAIDEN NAME <u>Baba Handelsman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
17. INFORMANT <u>Mrs. Anna Holtzman</u> (ADDRESS) <u>1239th Euclid</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chesed Shel Emeth</u> DATE <u>5-19</u> , 19 <u>35</u>		
19. UNDERTAKER <u>Oxenhander Funeral Dir</u> (ADDRESS) <u>4467 Washington</u>		
20. FILED <u>MAY 19 1935</u> <u>J. Shebeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/13, 1935, to 5/17, 1935
 I last saw him alive on 5/17, 1935 Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Sclerosis of coronary arteries
94 a
 Other contributory causes of importance:
Angina pectoris

Name of operation Date of
 What test confirmed diagnosis Typical 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 M. A. Pollack, M. D.
 (Signed)
 (Address) 230 Metropolitan 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.

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MEDICAL AND DENTAL PERSONNEL

MEDICAL PERSONNEL

1. Name of the person: _____

2. Grade: _____

3. Branch: _____

4. Station: _____

5. Date of birth: _____

6. Date of entry into service: _____

7. Date of discharge: _____

8. Remarks: _____

9. Signature: _____