

AUG 22 1935

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

Do not use this space.

25267

1. PLACE OF DEATH

County Schuyler
Township Douglas
City Douglas (No.)

Registration District No. 802
Primary Registration District No. 448

File No.
Registered No.
St. Ward)

2. FULL NAME

Andy A. Epstein St. Ward.

(a) Residence, No.
(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)

widow

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

Mabel Epstein

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

Sept 25 1866

7. AGE

YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 9 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

farmer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

10. NAME OF FATHER

Andy A. Epstein

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

O

12. MAIDEN NAME OF MOTHER

Jane Foster

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

O

14.

INFORMANT
(Address)

Mrs. Virginia Epstein
Brookshire Rd

15.

FILED

7-24-35

J. P. B. Wolfe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 24 1935

17.

I HEREBY CERTIFY, That I attended deceased from July 24 1935 to July 24 1935 that I last saw him alive on July 24 1935 and that death occurred, on the date stated above, at 1120 St.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina pectoris
short
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

acute myocardial infarction
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. P. B. Wolfe, M. D.

Douglas
(Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Ann's Catholic Church

7-24-35

20. UNDERTAKER

ADDRESS

Foster, Easley - Brookshire

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.

MISSOURI STATE BOARD OF HEALTH - BUREAU OF VITAL STATISTICS - DEPARTMENT OF HEALTH

