

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

Do not use this space.

SEP 16 1935

27935

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. Jewish Hosp)

File No.....
Registered No. **7000**
St. Ward)

2. FULL NAME

(a) Residence, No. 1328 Blackstone St., 6 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 <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>Laura - Greenberg</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unk</u>		
7. AGE YEARS <u>62</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Woodturner</u>		11. Total time (years) spent in this occupation.....
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Roumania</u>		
13. NAME <u>Mordecai Greenberg</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Roumania</u>		
15. MAIDEN NAME <u>Rosa (unk)</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Roumania</u>		
17. INFORMANT (ADDRESS) <u>Max Greenberg</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Have Hidesha</u> DATE <u>Aug 18 1935</u>		
19. UNDERTAKER (ADDRESS) <u>W. J. Bredeck</u>		
20. FILED <u>AUG 18 1935</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/30, 1935 to 8/16, 1935
I last saw him alive on 8/16, 1935. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Menstrual Abscess
PERITONITIS - GENERALIZED
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Other contributory causes of importance:
PULMONARY TUBERCULOSIS
PNEUMOTHORAX - LEFT

Name of operation Hemorrhoidectomy Date of 8/5/35
What test confirmed diagnosis? Was there an autopsy YES

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) J. J. C. McMillan, M. D.
(Address) Jewish Hosp, St. Louis

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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Registrar.

