

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

Do not use this space.

28094
1179

1. PLACE OF DEATH

County..... Registration District No. **1791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo** (No. Home **2153 - Sulphur**) St. Ward)

2. FULL NAME **Dora Epstein**

(a) Residence, No. **2153 Sulphur** St. **3** Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred **48 yrs.** mos. ds. How long in U. S., if of foreign birth? **48 yrs.** mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>(write the word)</i> <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Joseph A. Epstein</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Unknown</i>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>abt. 48</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Herself</i>			
	10. Date deceased last worked at this occupation (month and year) <i>July 1935</i>			
11. Total time (years) spent in this occupation <i>1935</i>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo</i>				
FATHER	13. NAME <i>Solomon Nusholzy</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Russia</i>			
MOTHER	15. MAIDEN NAME <i>Mirimi-Edvitch</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Russia</i>			
17. INFORMANT (ADDRESS) <i>Joseph A. Epstein 2153 Sulphur</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Chesed Shul South</i> DATE <i>Aug. 26 1935</i>				
19. UNDERTAKER (ADDRESS) <i>Genevieve R. ... 4414 ...</i>				
20. FILED AUG 25 1935 <i>J. A. Brebeck</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

No. 1791 in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 24 1935*

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at *10:40* p.m.
The principal cause of death and related causes of importance were as follows:
Sub. Myocarditis
Arterio Sclerosis
four hours after
Other contributory causes of importance

17401

Name of operation, Date of

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) *Harold ...*
(Address) *Dep ...*

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.

