

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

Do not use this space.

NOV 27 1935

33878

**1. PLACE OF DEATH**

County St. Louis Registration District No. 790  
 Township Central Primary Registration District No. 60.339  
 City Wentzville (No. 1216 Northwood) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 311  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 6216 Northwood St. \_\_\_\_\_ 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<br><u>female</u>  | 4. COLOR OR RACE<br><u>white</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Max Cohen</u>         |   |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-15-1873</u>                                |   |   |
| 7. AGE   | YEARS<br><u>62</u>  | MONTHS<br><u>2</u>  |
|  | DAYS<br><u>8</u>  | IF LESS than 1 day, _____ hrs. or _____ min.                              |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>at home</u> |   |
|  | 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)<br><u>Waltham Poland</u>                |   |   |
| FATHER   | 13. NAME<br><u>Jacob Orenstein</u>  |   |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Poland</u>   |   |
| MOTHER   | 15. MAIDEN NAME<br><u>Bessie Fishwell</u>   |   |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Poland</u>   |   |
| 17. INFORMANT<br>(ADDRESS) <u>M. Cohen 6216 Northwood St. Wentzville</u>                 |   |   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chapel Hill Cemetery</u> DATE <u>10/24/35</u> |   |   |
| 19. UNDERTAKER (ADDRESS) <u>H. H. Berger 4715 N. M. Johnson</u>                          |   |   |
| 20. FILED <u>10/24</u> 19 <u>35</u> <u>Dr. J. J. Sgarbi</u> Registrar.                   |   |   |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/23 1935, to 10/23/35, 1935.  
 I last saw h. on alive on 10/23 1935. Death is said to have occurred on the date stated above, at 7:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis 10/23/35

Other contributory causes of importance:  
None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical 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 \_\_\_\_\_  
 (Signed) E. E. Sgarbi, M. D.  
 (Address) 645 No. Brady

WHITE PRINT, 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.

