NOV 9 1935

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

Do not use this space.

34233

791
1003

File No. 8656
Registered No.

1. PLACE OF DEATH

County
Registration District No.
Township
Primary Registration District No.
City St. Louis (No. Jewish Hosp St. Ward)

2. FULL NAME Unnamed Greenstein

(a) Residence, No. 739 Hemon St. N.S. Ward. University City Mo
(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*):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 11, 1935

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): St. Louis

FATHER
13. NAME: Nolan DeWoskin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

MOTHER
15. MAIDEN NAME: Sarah Ruben
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis

17. INFORMANT (ADDRESS): N. DeWoskin 739 Hemon

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Sinai Cemetery DATE 10/15 1935

19. UNDERTAKER (ADDRESS): H. B. Berger 6715 Delmar

20. FILED Oct 14 1935, 19 H. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1935, to Oct 11, 1935
I last saw him alive on Oct 11, 1935. Death is said to have occurred on the date stated above, at 8:35 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Intestinal

Other contributory causes of importance: 161

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) T. Z. Brown, M. D.
(Address) 710 Rialto

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD