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

Do not use this space.

37876

File No. 9855

Registered No.

791

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 5102 Magale St. Ward)

2. FULL NAME Moses Stochman

(a) Residence, No. 4793 Westminster St., 5 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: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 26 1857

7. AGE: Years 78 | Months 9 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retail dry goods

10. Date deceased last worked at this occupation (month and year): Retired

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lithuania

FATHER

13. NAME: unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lithuania

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lithuania

17. INFORMANT (ADDRESS): Mrs Tamony Koen NOB 4039 Shenandoah

18. BURIAL, CREMATION, OR REMOVAL PLACE: Beth Ham Mag DATE: 11/26 1935

19. UNDERTAKER (ADDRESS): A. G. Berger 4715 McPherson

20. FILED NOV 25 1935, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1935, to Nov. 24, 1935

I last saw h. — alive on Nov. 24, 1935. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 4/4/35

9 H 6

Other contributory causes of importance: Congestion of Liver — ?

Name of operation: none Date of:

What test confirmed diagnosis? 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) Carl Hobb, M. D.

(Address) P.O. Box 12 Sun Theatre Bldg

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.