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.

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

Do not use this space.

38210

DEC 20 1935

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No.
Township Central — Primary Registration District No. 62484 — Register No. 233
City Richmond Hts (No. St. Mary's Hosp. St. Ward)

2. FULL NAME Sam Farbstein
(a) Residence, No. 3931a Utah St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1875

7. AGE YEARS 60 MONTHS 4 DAYS 14 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Whole jobber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sporting goods.
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) Bialystok USSR

FATHER
13. NAME Leo Farbstein
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER
15. MAIDEN NAME Lottie (unk)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Leo Farbstein 3931 Utah

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE 11/24, 1935

19. UNDERTAKER (ADDRESS) H B Berger 4715 McPherson

20. FILED 11/24 1935 Gertrude Porter Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-12, 1935, to 11-22, 1935
I last saw him alive on 11-21, 1935. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary disease (Angina pectoris) | 11/12/35 |
| Other contributory causes of importance: | |
| Arterio-sclerosis | yrs |
| Arteritis obliterans | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinic 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) Walter M. Jones, M. D.
(Address) 3400 Meramec