

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.

FEB 17 1936

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

Do not use this space.

303

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 10City St. Joseph(No. 207 Felix)

File No.

Registered No. 102

St. _____ Ward)

2. FULL NAME Harry Stein(a) Residence, No. 207 Felix

St. _____

Ward.

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 24, 1891

7. AGE

45

YEARS

MONTHS

0

DAYS

0

If LESS than 1 day,hrs. ormin.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kalis Supply Co.10. Date deceased last worked at this occupation (month and year) January 193611. Total time (years) spent in this occupation. 5 Yrs.12. BIRTHPLACE (CITY OR TOWN) Omaha
(STATE OR COUNTRY) Nebraska

MOTHER FATHER

13. NAME Manuel Stein14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Litruania15. MAIDEN NAME Jennie Cohen16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Litruania17. INFORMANT Anna Stein
(ADDRESS) Minneapolis Minnesota18. BURIAL, CREMATION, OR REMOVAL Share Sholem
PLACE St. Joseph MO. DATE January 26, 193619. UNDERTAKER H. O. Sidenfaden
(ADDRESS) 1802 Union Str. St. Joseph Mo.20. FILED 1-27-36 John B Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 24, 193622. I HEREBY CERTIFY, That I attended deceased from ViewedJan. 24, 1936, to _____, 19____

Last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 2:00 A.M.

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

Burned to death (Accidental) Date of onsethouse burned

Other contributory causes of importance:

Injury from coal stove
caused by fireName of operation none Date of _____What test confirmed diagnosis? Phys. Ex. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 1/24, 1936Where did injury occur? St. Joseph

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fire from coal stoveNature of injury Burned to death24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John Thomas Covner, M. D.(Address) 731 Farson

