

MAR 12 1936

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

Do not use this space.

791

7747

1. PLACE OF DEATH

County

Registration District No.

1003

File No.

1408

Township

Primary Registration District No.

City *St. Louis* (No. *Jewish*)

St. Ward)

2. FULL NAME

(a) Residence, No. *76 Hillvale Dr. N.P.* Ward. *Clayton*
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 6 1936*

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Lazarus Goldman*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 6 1936* to *Feb 6 1936*. I last saw her alive on *Feb 6 1936* Death is said to have occurred on the date stated above, at *5:30 p.m.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr 27, 1866*

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *69 9 14*

Cerebral hemorrhage Date of onset *2/6/36*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*

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

822 ab

Other contributory causes of importance: *Arterio-sclerosis* *Diast. Kuroi*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Roumania*

13. NAME *Jacob Greenstein*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Roumania*

15. MAIDEN NAME *Frieda (unk)*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Roumania*

17. INFORMANT (ADDRESS) *M. Goldman 76 Hillvale Dr.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Chicago Ills* DATE *2/8 1936*

19. UNDERTAKER (ADDRESS) *S. G. Berger 4715 McPherson*

20. FILED *FEB - 7 1936* *J. Bredeck Registrar.*

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) *Fiste Tuldale*, M. D. (Address) *459 N. Taylor*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

