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

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.

13420

1936

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3521

City St Louis (No. Jewish Hosp St. ..... Ward)

2. FULL NAME Abraham Ely Magid

(a) Residence, No. 5656 Waterman St., 5 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 Melba Olian Magid

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15, 1874

7. AGE YEARS 61 MONTHS 3 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retail

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) Poland

FATHER

13. NAME Hirsch Magid

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER

15. MAIDEN NAME Bessie Fried

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT (ADDRESS) Al Fleischman Nat'l 5656 Waterman

18. BURIAL, CREMATION, OR REMOVAL PLACE Bnai Amoona DATE 4/1 1936

19. UNDERTAKER (ADDRESS) H. D. Berger 4715 McPherson

20. FILED APR 1 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 30, 1936, to Mar 30, 1936

I last saw him alive on Mar 30, 1936. Death is said to have occurred on the date stated above, at 8:05 p.m.

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

	Date of onset
Cerebral Hemorrhage	Mar 30 1936
Other contributory causes of importance:	
arteriosclerosis	1934?
Hypertension	

8201

Name of operation none Date of —

What test confirmed diagnosis? clinical 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) Joseph Magidson, M. D.

(Address) 520 West Gate.