

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

Do not use this space.

WIN 6 1936  
1. PLACE OF DEATH

County .....  
Township .....  
City .....

Registration District No. ....  
Primary Registration District No. ....  
(No. *Jewish Hosp*)

791  
1003

File No. ....  
Registered No. *5487*  
St. .... Ward)

2. FULL NAME

(a) Residence, No. *6315 N Rosebury St* Ward. *NR Clayton Mo*  
(Usual place of abode)

Length of residence in city or town where death occurred *37* yrs. mos. ds. How long in U. S., if of foreign birth? *18* 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) *Widow*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Unknown*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*ab 70*

OCCUPATION 8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. *Tailor*  
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Fatralyn Uhegi Nevada*

MOTHER 13. NAME *Unknown*

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

15. MAIDEN NAME *Id*

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

17. INFORMANT (ADDRESS) *Hetztranzberg 6315 N Rosebury*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Woods Amona* DATE *5/25 1936*

19. UNDERTAKER (ADDRESS) *H B Berger 4115 N. G. Sherman*

20. FILED *J T Bredeck* Registrar.  
MAY 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/23 1936*

22. I HEREBY CERTIFY, That I attended deceased from *5/14*, 19*36*, to *5/22*, 19*36*

I last saw him alive on *5/22*, 19*36* Death is said to have occurred on the date stated above, at *555a* m.

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

*Coronary occlusion 5/14/36*  
*Ch. myocarditis*  
Other contributory causes of importance: *Generalized arteriosclerosis*

Name of operation ..... Date of .....  
What test confirmed diagnosis? *Physic* 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) *E. S. Goff*, M. D.  
(Address) *645 No. Boag*

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.

WRITE PERMANENT, WITH UNFADING INK---THIS IS A PERMANENT RECORD

