

JUN 8 1936

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

Do not use this space.

21485

## 1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

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

File No.....

Registered No. 5726

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. *5517 1/2 Cabanne* St. *5* Ward.

(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

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 *Margaret Young Shine*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 16 - 1879*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *57 4 14*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Salesman*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Wholesale Paint*

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) *Portland Maine*13. NAME *Simon Shine*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*15. MAIDEN NAME *Rosa Wolf*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*17. INFORMANT *Mrs Margaret Shine* (ADDRESS) *5549 1/2 Cabanne*18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt. Lebanon Cem June 1 1936*19. UNDERTAKER *C. R. Lupton & Son's* (ADDRESS) *444 9 Olive St*20. FILED JUN 1 1936 *J. H. Redek* Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h. alive on , 19 Death is said

to have occurred on the date stated above, at *4:00* p.m.

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

*Myocardial infarction of left heart  
of chronic type associated with left heart  
dyspnea Myocardial infarction  
Levi*

Date of onset

Other contributory causes of importance: *73*

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? *Yes*

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? *6*

(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 *Harold J. Shine* M. D.(Signed) *Harold J. Shine* M. D.(Address) *St. Louis*

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.

RECORD RESERVED FOR BUREAU OF VITAL STATISTICS

FORM 9-28-35

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