

AUG 18 1936

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

Do not use this space.

1. PLACE OF DEATH

 County.....
 City St. Louis
 Township.....
 City Jewish Hospital (No. Jewish Hospital)

 Registration District No.....
 Primary Registration District No.....
 791
 1003

 File No. 28269
 Registered No. 7027
 St. Ward)

2. FULL NAME

Morris Flom

(a) Residence, No. 5785 Mc Pherson 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 Celia Marder Flom

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1879

 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
 56 9 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Dry Goods

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) Volhynia U.S.S.R.

 13. NAME Marcus Flom
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

15. MAIDEN NAME Sarah Greenberg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

17. INFORMANT David Flom 5785 Mc Pherson (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Chased Street Emeth 7/12/36 DATE

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

20. FILED JUL 12 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1936, to July 11, 1936. I last saw him alive on July 11, 1936. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

 Cerebral Neoplasm Benign
 Acute Pulmonary Edema

Date of onset

Other contributory causes of importance: 542

 Name of operation..... 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) A. D. Berger, M. D.
 (Address) 4715 McPherson St.

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.

