Dec. May AUG 1 1936

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

Do not use this space.

29154

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 29154

Township ..... Primary Registration District No. ..... Registered No. 7935

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

2. FULL NAME Harry F. Axelbaum

(a) Residence, No. 4721 a Mc Millan St., 12 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: Beckie Axelbaum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 25 1871

7. AGE: YEARS 65 MONTHS 4 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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. Retail Hdwe
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): Minsk U. S. S. R.

FATHER

13. NAME: Isaac Baruch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U. S. S. R.

MOTHER

15. MAIDEN NAME: (unk)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U. S. S. R.

17. INFORMANT (ADDRESS): Ben Axelbaum 4721 Mc Millan

18. BURIAL, CREMATION, OR REMOVAL PLACE: Chesed Shel Emeth DATE: 7/27/36, 19

19. UNDERTAKER (ADDRESS): H. B. Berger L & U. Co. 4715 McPherson

20. FILED JUL 27 1936 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-14, 1936 to 7-26, 1936

I last saw him alive on 7-26, 1936. Death is said to have occurred on the date stated above, at 11:16 p.m.

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

Hypertrophy of Prostate — Date of onset

107a

Other contributory causes of importance: Pneumonia Bronchial

Name of operation: Transurethral Resection of Prostate Date of 6.23.36

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) Benj. F. May, M. D.

(Address) 607 N. Grand Blvd

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.