

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.

**OCT 21 1936**

35437

**1. PLACE OF DEATH**

County St. Louis Registration District No. 333  
 Township St. Ferdinand Primary Registration District No. 4468  
 City Robertson (No. JEWISH SANATORIUM)

File No. \_\_\_\_\_  
 Registered No. 981  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Abraham Ellman  
 (a) Residence, No. 6325 North Drive St. \_\_\_\_\_ Ward \_\_\_\_\_ University City, Mo.  
 (Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>WIFE OF Minnie Ellman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE	YEARS	MONTHS
<u>About 60</u>		
		DAYS
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Scrap iron &amp; metal</u>
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Volhynia, Poland  
 (STATE OR COUNTRY)

13. NAME Moses Ellman

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

15. MAIDEN NAME Unknown

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

17. INFORMANT James Ellman  
 (ADDRESS) 5858 Lotus Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hevre Kedisha DATE Sept. 3, 36

19. UNDERTAKER (ADDRESS) H. B. Berger  
4715 McPherson, St. Louis, Mo.

20. FILED 9/2 1936 W. A. Zeitler  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2, 1936

I HEREBY CERTIFY, That I attended deceased from June 5<sup>th</sup> 1934 to Sept 2 1936  
 I last saw him alive on Sept. 2 1936 Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Pulmonary Tuberculosis (Date of onset \_\_\_\_\_)

Other contributory causes of importance:  
Chronic Hypertension

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?  
 If so, specify \_\_\_\_\_  
 (signed) John Lincoln, M. D.  
 (Address) Jewish Sanatorium, P.O. Robertson, Missouri

Terb Smith

25  
5.0  

---

125.8