

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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 5 1936

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

Do not use this space.

36080

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Jewish Hospital**)

File No.....
Registered No. **9721**
St..... Ward)

2. FULL NAME

(a) Residence, No. **1322⁵ Shawmut St.**, **6** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **26** yrs. mos. ds. How long in U. S., if of foreign birth? **26** yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Sam Binkin**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec-25-1893**
7. AGE YEARS **42** MONTHS **8** DAYS **27** If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Housework**
10. Date deceased last worked at this occupation (month and year) **Aug 1936** 11. Total time (years) spent in this occupation **27**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

MOTHER / FATHER 13. NAME **Ben Utkin**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Sam Binkin** (ADDRESS) **1322⁵ Shawmut**

18. BURIAL, CREMATION, OR REMOVAL **Chesed Shel Emeth Sep 29 1936**

19. UNDERTAKER **Open handles Jewish** (ADDRESS) **4469 Washington**

20. FILED **SEP 24 1936** Registrar **J. B. Bodeck**

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from **September 8, 1936** to **September 23, 1936**
I last saw her alive on **September 23, 1936** Death is said to have occurred on the date stated above, at **5:47 p.m.**

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

Cerebral Hemorrhage Date of onset **9/8/36**

Other contributory causes of importance:

Elevation of Blood pressure

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?

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) **J. C. Mudderman**, M. D.
(Address) **Jewish Hosp. St. Louis**

