NOV 4 1936

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

Do not use this space.

36292

File No. 9992

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

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

2. FULL NAME Ben Greenwald

(a) Residence, No. 1380 Clara St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
male	white	widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kala Greenwald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNK.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
ab 68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Flour Miller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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.

FATHER

13. NAME Meyer Selig Greenwald

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

MOTHER

15. MAIDEN NAME Deborah (unk)

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

17. INFORMANT Mrs. Bertha Kanter
(ADDRESS) 1380 Clara

18. BURIAL, CREMATION, OR REMOVAL
PLACE CHESED SHEL EMETH DATE 10/4, 1936

19. UNDERTAKER J. B. Berger
(ADDRESS) 4715 Ma Pherson

20. FILED OCT 2 10 1936 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-31, 1936, to 9-30, 1936

I last saw him alive on 9-30, 1936. Death is said to have occurred on the date stated above, at 6:50 PM.

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

	Date of onset
Hypertrophy of Prostate	

Other contributory causes of importance: Myocarditis, chronic

Name of operation Prostatectomy Date of 8/11/36

What test confirmed diagnosis? Operation 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) Ben Allen, M. D.

(Address) 6 N. Grand

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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