

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.

DEC 3 1936

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City **St. Louis** (No. **Jewish Hospital**)..... St. Ward)

File No. **42490**
Registered No. **10978**

2. FULL NAME JACOB SHIFRIN

(a) Residence, No. **6306 Cates Ave.** St. **N.R.** Ward. **U. 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. 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 **Sadie Shifrin**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 12, 1868.**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	68	8	21	

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

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

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) **Russia**

13. NAME **Louis Shifrin**

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

15. MAIDEN NAME

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

17. INFORMANT **Max Shifrin**
(ADDRESS) **5955 Pershing**

18. BURIAL, CREMATION, OR REPOSING PLACE **Chesed Shel Emeth Nov. 3, 1936**

19. UNDERTAKER **Herman Biedeck**
(ADDRESS) **5216 Delmar Blvd.**

20. FILED **NOV 3 1936**
J. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 3, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 1933** to **Nov. 3, 1936**
I last saw him alive on **Nov. 3, 1936** Death is said to have occurred on the date stated above, at **12:20 a.m.**

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

Myocardial Infarction (Coronary Occlusion - old) Date of onset **3/4/36**

Other contributory causes of importance:

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) **Arthur E. Straub**, M. D.
(Address) **607 N. Grand.**

