

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

Do not use this space.

JAN 10 1937

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1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St Louis (No. Geurst Deep)
St. _____ Ward)

File No.
Registered No. 12092
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 741 Euclid, 12 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth: 3 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nathan Fallub</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 15 1874</u>				
7. AGE	YEARS <u>62</u>	MONTHS <u>7</u>	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>housework</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Nov 6 1936</u>			
				11. Total time (years) spent in this occupation <u>35</u>
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Russia</u>				
FATHER	13. NAME <u>Shale Malkin</u>			
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Russia</u>			
MOTHER	15. MAIDEN NAME <u>Anna Blumen</u>			
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Russia</u>			
17. INFORMANT (ADDRESS) <u>Nathan Fallub 741 Euclid</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Interred St. Louis 12/9/36</u>				
19. UNDERTAKER (ADDRESS) <u>Whephamille 4469 Washington</u>				
20. FILED <u>9 10 1937</u> <u>St. Bridget</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1936, to Dec 9, 1936
I last saw h. or alive on Dec 5, 1936. Death is said to have occurred on the date stated above, at 8:40 a. m.
The principal cause of death and related causes of importance were as follows:

<u>Coronary occlusion</u>	Date of onset <u>12/7/36</u>
<u>Hypertension</u>	

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Albert E. Tauszig, M. D.
(Address) 4500 Olive

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.

