

MAR 5 - 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City: *St. Louis, Mo.*(No. *Jewish Hospital*)

File No.....

Registered No.....

St.....

Ward.....

## 2. FULL NAME

*Abraham Greenberg*(a) Residence, No. *721 Eastgate*

(Usual place of abode)

Ward. *5*

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *35* yrs. mos. ds.How long in U. S., if of foreign birth? *15* yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Esther Greenberg</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb. 10 1881</i>		
7. AGE	YEARS <i>56</i>	MONTHS <i>-</i>
	DAYS <i>13</i>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Tool Grinders</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <i>Dec. 1936</i>	11. Total time (years) spent in this occupation. <i>30 yrs.</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Russia</i>		
FATHER	13. NAME <i>Chiam David Greenberg</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Russia</i>	
MOTHER	15. MAIDEN NAME <i>Sarah</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Russia</i>	
17. INFORMANT (ADDRESS) <i>Sam Greenberg 721 Eastgate</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Chesnut Kadishah</i> DATE <i>Feb. 24 1937</i>		
19. UNDERTAKER (ADDRESS) <i>Orentlyder Funeral Dir. 4464 Washington Blvd.</i>		
20. FILED <i>3 24 1937</i> <i>St. Bredeck</i> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>2-23 1937</i>
22. I HEREBY CERTIFY, That I attended deceased from <i>1-7 1937</i> to <i>2-23 1937</i> I last saw him alive on <i>2-23 1937</i> . Death is said to have occurred on the date stated above, at <i>6:30 p.m.</i> The principal cause of death and related causes of importance were as follows: <i>Carcinoma of Rectum</i> <i>H&amp;T</i> Other contributory causes of importance:  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) <i>Ellis Finkel</i> M. D. (Address) <i>400 Metropolitan Bldg.</i>

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.

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