

APR 9 1937

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

Do not use this space.

791
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File No. 10354
Registered No. 2926
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis, Mo. No. 1438 Belt Ave

2. FULL NAME

(a) Residence, No. 1438 Belt Ave 6 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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 <u>Annaba Anna Buchweck</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 15, 1876</u>				
7. AGE	YEARS <u>60</u>	MONTHS <u>0</u>	DAYS <u>1</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>Dry Goods</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Selling</u>			
	10. Date deceased last worked at this occupation (month and year) <u>1929</u>			
11. Total time (years) spent in this occupation <u>21</u>				

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

13. NAME
Yitchuel Buchweck

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

15. MAIDEN NAME
Hagg

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

17. INFORMANT (ADDRESS)
Edm Buchweck
1438 Belt

18. BURIAL, CREMATION, OR REMOVAL
Church Kadishay 3/16 37

19. UNDERTAKER (ADDRESS)
Franklin
1469 Washington

20. FILED
MAR 16 1937
J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 to March 16, 1937.
I saw him alive on March 17, 1937. Death is said to have occurred on the date stated above, at 3 A. m.

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

Date of onset
1/21

Other contributory causes of importance:
Chronic valvular disease
myocarditis

Name of operation Chd Date of to
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? no
If so, specify _____
(Signed) H. J. Sauer, M. D.
(Address) 1469 Washington

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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