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.

50M-22-35 I X9314

JUL 8 - 1937

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

Do not use this space.

22478

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 22478

Township ..... Primary Registration District No. 1003 Registered No. 6230

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

2. FULL NAME Jerome C. Fleischman

(a) Residence, No. 6950 Grove St., NR Ward. Pine Lawn, 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 Rose Lazarus Fleischman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1882

7. AGE: 43 — YEARS 55, MONTHS 5, DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
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) ..... 11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME Moses Fleischman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kaunas Lithuania

MOTHER

15. MAIDEN NAME Elenore Berman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kaunas Lithuania

17. INFORMANT (ADDRESS) Mrs. Rose Fleischman 6950 Grove

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bnai Amoona DATE 6/28, 1937

19. UNDERTAKER (ADDRESS) H. B. Berger 4715 McPherson

20. FILED JUN 28 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1937, to June 27, 1937
I last saw him alive on June 26, 1937. Death is said to have occurred on the date stated above, at 2.15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	June 13, 37

Other contributory causes of importance:
Chronic Myocarditis
Several Arterio Sclerosis

Name of operation 0 Date of .....
What test confirmed diagnosis? EKG 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) Hiram S. Liggett, M. D.
(Address) 3720 Washington Blvd - St Louis Mo