

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.

NOV 15 1937

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

Do not use this space.

35732

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City *St. Louis* *St. Ann's Hospital* St. _____ Ward _____
Registered No. **9309**

2. FULL NAME

STILLBORN LANDSBAUM
(a) Residence, No. *6322 Cahanne Ave* Ward. *NR* *K 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)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **OCTOBER 3 - 1937**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) *ST. LOUIS* (STATE OR COUNTRY) *MO*

13. NAME *MORRIS LANDSBAUM*

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

15. MAIDEN NAME *HILDA RICH*

16. BIRTHPLACE (CITY OR TOWN) *ST. LOUIS* (STATE OR COUNTRY) *MO*

17. INFORMANT *Morris Landsbaum* (ADDRESS) *6322 Cahanne*

18. BURIAL, CREMATION, OR REMOVAL, PLACE *Hebrah Hagasha* DATE *10/5/37*

19. UNDERTAKER *Hebrah Hagasha* (ADDRESS) *4469 W Washington*

20. FILED **OCT 5 1937** *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 3, 1937**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h..... alive on _____, 19____ Death is said to have occurred on the date stated above, at **9 P.** m.
The principal cause of death and related causes of importance were as follows:

Spontaneous abortion at 9 P.M. about 3 months gestation
Date of onset

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) *Tercy H. Swahlen*, M. D.
(Address) *St. Ann's Hospital, St. Louis*

