

FEB 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township St. Ferdinand
City Robertson

Registration District No. 96
Primary Registration District No. Jewish Sanatorium

File No. 4219
Registered No. 247
St. _____ Ward _____

2. FULL NAME Jacob Brody

(a) Residence, No. 5892 a Lotus St. _____ Ward _____
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/4/38, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Ida Brody

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1937, to Febr 4, 1938
I last saw him alive on 2-4-, 1938. Death is said to have occurred on the date stated above, at 9:55 pm.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62

Tuberculous Pneumonia Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker
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

Other contributory causes of importance: Tuberculosis of lungs
asthma (Bronchial)

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

13. NAME unknown

Name of operation _____ Date of _____
What test confirmed diagnosis? X-ray Was there an autopsy? _____

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME _____

Where did injury occur? _____ (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Goldie Brody
5892 a Lotus

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Heffe Kadisha DATE 2/6/38, 1938

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

19. UNDERTAKER (ADDRESS) 1131 1/2 S. 1st St. St. Louis
47 W. 1st St. St. Louis

(Signed) J. R. Meyer, M. D.
(Address) JEWISH SANATORIUM
ROBERTSON MO

20. FILED 26 1938 J. R. Meyer Registrar

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Old Ben
Mo 15