

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

4824
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
(b) Township St. Louis Primary Registration District No. 1008
(c) City St. Louis (d) Street No. Genessee Hosp. Registered No. 1517
(e) Length of residence in city or town where death occurred 39 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 38 yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 3933 DeSoto St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 OF <u>Frieda Stein</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 4 - 1886</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>5</u>	DAYS <u>11</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Shoe</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Shoe repair</u>		
10. Date deceased last worked at this occupation (month and year) <u>Jan. 17, 1939</u>		11. Total time (years) spent in this occupation <u>35 yrs.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>		
13. NAME <u>Isaac Stein</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>		
15. MAIDEN NAME <u>Chai</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>		
17. INFORMANT (ADDRESS) <u>Frieda Stein</u> <u>3933 DeSoto</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cheriah Kaduka</u> DATE <u>Feb. 17, 1939</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Chenhardt</u> <u>4469 W. Ashington</u>		
20. FILED <u>FEB 16 1939</u> <u>J. P. Buduk</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1939, to Feb. 15, 1939.
I last saw him alive on Feb. 15, 1939. Death is said to have occurred on the date stated above, at 7:55 P.M.

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

Carcinoma of Stomach

Date of onset

Other contributory causes of importance:

Name of operation None Date of None
What test confirmed diagnosis? Phys. Ex. 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 Heruman G. Cuyler, M. D.
(Signed) W. O. S. Grand
(Address) 505 N. Grand

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.

Em Blank signed

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)