27 1939

REC'D MAR 8 1939

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 784 — File No. 7839
Township ~~St. Ferdinand~~ — Primary Registration District No. ~~20~~ — Registered No. 353
City Robertson (No. Jewish Sanatorium St. Ward)

2. FULL NAME Frank Milstein
(a) Residence, No. 1203 S. Broadway St., Ward.
(Usual place of abode) St. Louis, Mo. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 8 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 Milstein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9 1882

7. AGE — YEARS 57 — MONTHS — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mens.
10. Date deceased last worked at this occupation (month and year) 1937
11. Total time (years) spent in this occupation 30%

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

FATHER
13. NAME Mosha Aron Milstein
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER
15. MAIDEN NAME Zelda - Weidzloff.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Rose Milstein 1203 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE 2-27- 1939

19. UNDERTAKER (ADDRESS) Oxenhandler Funeral Home 4467 Washington Blvd.

20. FILED FEB 27 1939 T. R. Meyer M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1938 to Feb. 26, 1939
I last saw him alive on Feb. 26, 1939 Death is said to have occurred on the date stated above, at 7:45 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial asthma.	
Pulmonary Tuberculosis.	

Other contributory causes of importance: 2 3

Name of operation Laboratory & clinical 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) Selig Simon, M. D.
(Address) Medical Director, Jewish Sanatorium, Robertson, Mo.

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.