MAY 22 1939

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

Do not use this space.

19772

JUN 8 1939

1. PLACE OF DEATH

County St. Louis — Registration District No. 784 — File No.

Township ~~Robertson~~ — Primary Registration District No. 201 — Registered No. 924

City Pattonville (No. Fee Fee Sanatorium (Jewish Sanatorium) Ward)

2. FULL NAME Joseph Taber

(a) Residence, No. 1433 Temple St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 1 mos. ds. How long in U. S., if of foreign birth? 23 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Wittel Taber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ?? - 1871

7. AGE: YEARS 68 — MONTHS ? — DAYS ? — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cobbler
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) Volhynia Poland

FATHER

13. NAME Louis Taber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER

15. MAIDEN NAME Ida Leah
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT (ADDRESS) Mrs. Joseph Taber 1433 Temple

18. BURIAL, CREMATION, OR REMOVAL — Removed
PLACE Chesed Shel Emeth DATE 5/ 22 1939

19. UNDERTAKER (ADDRESS) H.B.Berger 715 McPherson

20. FILED MAY 22 1939 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 - 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1939, to May 21, 1939
I last saw h. 1 M. alive on May 21, 1939. Death is said to have occurred on the date stated above, at 9:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	?
Arteriosclerotic heart disease	?
Hypertrophied Prostate	3 yrs

Other contributory causes of importance: none

9.5 & 2

Name of operation none Date of
What test confirmed diagnosis? Physical 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?
If so, specify
(Signed) [signature], M. D.
(Address) Jew. Sant

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.

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