JUN 16 1939

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.

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

Do not use this space.

23276

1. PLACE OF DEATH
County St. Louis
Township St. Ferdinand
City Robertson (No. , Jewish Sanit St. Ward)

Registration District No. 784
Primary Registration District No. 200

File No.
Registered No. 1079

2. FULL NAME Morris Glickman
(a) Residence, No. 5549 Vernon Ave. St., Ward. St. Louis, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ?

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

7. AGE YEARS 55 MONTHS about DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) (STATE OR COUNTRY) Russia

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Julius Funk 5740 Kingsbury

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE June 16, 1939

19. UNDERTAKER (ADDRESS) Richardson Burial Home 4469 Washington Blvd.

20. FILED JUN 16 1939 N. R. Meyer M.D. Registrar.

B.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1939, to June 16, 1939
I last saw him alive on June 16, 1939. Death is said to have occurred on the date stated above, at 3.45 a.m.
The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic heart-disease

95 b 2

Other contributory causes of importance:
Generalized Arterio-sclerosis
Emphysema

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) Selig Simon, M. D.
(Address) Jewish Sanatorium Ice Ice Rd. Robertson Mo