

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

Do not use this space.

10865

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis Mo.*

(No. *1438 East Grand Blvd*)

File No. ....

Registered No. **2686**

St. .... Ward)

**2. FULL NAME**

*Sagan Grechewsky*

(a) Residence. No. .... 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**

**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**

*Bessie Grechewsky*

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

*Dec. 9 - 1845*

**7. AGE**

*82*

YEARS

MONTHS

*3*

DAYS

*—*

If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

*Retired*

(b) General nature of industry, business, or establishment in which employed (or employer)

*Clothing Merchant*

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

*Russia*

**10. NAME OF FATHER**

*Sagan Grechewsky*

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Russia*

**12. MAIDEN NAME OF MOTHER**

*Hilda*

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Russia*

**14.**

INFORMANT (Address)

*J. Harman 1239 N. Euclid*

**15.**

FILED

*MAR 10 1923*

*Max C. Starckoff*

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

*2*

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

*March 9 1928*

**17.**

I HEREBY CERTIFY, That I attended deceased from *2/26*, 19*28*, to *3/6*, 19*28*, that I last saw him alive on *3/6*, 19*28*, and that death occurred, on the date stated above, at *9:30 a.m.*

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*Myocardites, Chronic*

*131*

*9:30*

*1219 A*

**CONTRIBUTORY (SECONDARY)**

*Chronic Nephritis*

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? .....

WAS THERE AN AUTOPSY? .....

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed)

*E. Sigoloff*

M. D.

, 19 (Address)

*Cabelltown Bldg*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

*Cherred Mel. Emeth*

*Mar. 10 1928*

**20. UNDERTAKER**

**ADDRESS**

*H. Rindskopf*

*Delmar*

N. E.—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.

