96

SEP 26 1929

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

Do not use this space

28806

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No.
Township ~~Wellston~~ Central — Primary Registration District No. 6033B — Registered No. 257
City Anglum — (No. Jewish Sanatorium St. Ward)

2. FULL NAME Esther Fishbein
(a) Residence. No. Jewish Sanatorium 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. 2 mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

3

3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eliot N. Fishbein

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Not Known

7. AGE: about 96 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home 93 10 11
(b) General nature of industry, business, or establishment in which employed (or employer): 99
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Russia
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Jacob Fishbein
(Address) 4716 McMillen

15. FILED 8/25, 1929. Rolla Bracy, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/23 1929

17. I HEREBY CERTIFY, That I attended deceased from June 13, 1929, to August 23, 1929 that I last saw her alive on August 23, 1929, and that death occurred, on the date stated above, at 5 p.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Terminal Broncho-pneumonia (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): Myocarditis, arteriosclerosis, Senility (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 90B

DID AN OPERATION PRECEDE DEATH? Non. DATE OF

WAS THERE AN AUTOPSY? non

WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Laboratory

(Signed) Selig Simon per D. Kutcher, M.D.
8/24, 1929 (Address) Jewish Sanatorium

*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: Chesed Shel Emeth Cem — DATE OF BURIAL: Aug 26 19

20. UNDERTAKER: H. Rindskopf — ADDRESS: 5216 Delmar

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.