

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

Do not use this space.

17792

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City *St. Louis* No. *Jewish* Ward *Arg*

File No.....  
Registered No. **4899.**  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. *4811 Fountain* St. *12* 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *married*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *5/18* 19*30*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary Field*

17. I HEREBY CERTIFY, That I attended deceased from *5/1*, 19*30*, to *5/18*, 19*30*

that I last saw *him* alive on *5/18*, 19*30*, and that death occurred, on the date stated above, at *7:20 am* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec 11, 1880*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*49 5 7*

*83 Parosis. Lungs*  
*34*  
*107A* (duration) ..... yrs. ? mos. .... ds.

CONTRIBUTORY *Broncho pneumonia* (SECONDARY) (duration) ..... yrs. .... mos. .... ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *bigar dealer*

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

(c) Name of employer.....

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....

20. WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS *John A. Raich m.d.*

(Signed) *John A. Raich m.d.*, M. D.

*5/18, 1930* (Address) *Resident Jewish Hosp*

\*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.

9. BIRTHPLACE (CITY OR TOWN) *Kempen* (STATE OR COUNTRY) *Germany*

10. NAME OF FATHER *David Dzialowski*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Germany* (STATE OR COUNTRY) *Germany*

12. MAIDEN NAME OF MOTHER *Lara Mairner*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Germany* (STATE OR COUNTRY) *Germany*

14. INFORMANT *Mrs L. Field* (Address) *4811 Fountain*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Bnai Amoona* DATE OF BURIAL *5/19 1930*

20. UNDERTAKER *Abberger* ADDRESS *475 McPherson*

15. MAY FILED *19 1930* *W. C. Stanley* REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

15  
10

