

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

31546

File No. 9160

Township.....

Primary Registration District No. 1003

Registered No. _____
St. _____ Ward _____

City Louis (No. City of St. Louis)

2. FULL NAME

William Reznick

(REZNICK)

(a) Residence. No. 1927a Arsenal 74 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 7 mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 27 1930

male

White

Married

17. I HEREBY CERTIFY That I attended deceased from Sept 15 1930 to Sept 27 1930 that I last saw h. live on Sept 27 1930 and that death occurred, on the date stated above, at 2:05 P.M.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 2 11

23 A (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Maine (STATE OR COUNTRY) 0

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X-ray System
(Signed) Joseph W. Mahan M. D.
(Address) City St. Peter

10. NAME OF FATHER Frank Reznick

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Peter
(STATE OR COUNTRY)

*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.

14. INFORMANT Anna
(Address) City St. Peter

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter & Paul DATE OF BURIAL 9-25-1930

15. FILED 23 19 May 1930 REGISTRAR W. C. Starnes

20. UNDERTAKER Wick Bros 2201 So Grand ADDRESS

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

Rezmet