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.

27360

File No.

Registered No. 7134

1. PLACE OF DEATH

County

Registration District No. 701

Township

Primary Registration District No. 1003

City St Louis Mo (No. 5774a McPherson Ave St. Ward)

2. FULL NAME Jennie Bornstein or Borenstein

(a) Residence, No. 5774a McPherson St., 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
about 65	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 235

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home work

10. Date deceased last worked at this occupation (month and year) July 1931

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

FATHER

13. NAME Israel Holtzman

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 Morris Borenstein
(ADDRESS) 5774a McPherson Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chevrad Shel Imeth DATE Aug 2 1932

19. UNDERTAKER Oxenhandler
(ADDRESS) 4469 Washington Blvd.

20. FILED AUG -2 1932 Mark C. Standley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan - 2 1932 to Aug 2 1932

I last saw h. alive on Aug 1st 1932 Death is said to have occurred on the date stated above, at 1:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	1-1931
Myocarditis Chronic	1-1931
93.A	
1.C	

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

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? no

If so, specify

(Signed) J. Curtis Fisher, M. D.

(Address) Fivco Bldg