

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.

1. PLACE OF DEATH

County Jackson
Township New
City S. E. Mo.

Registration District No. 399
Primary Registration District No. 1002

File No. 23403
Registered No. 3109
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3240 Michigan St., _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Louis Wolfberg</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 10, 1859.</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>0</u>
	DAYS <u>29</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
FATHER	13. NAME <u>Israel Wayne</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk</u>	
MOTHER	15. MAIDEN NAME <u>unk</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk</u>	
17. INFORMANT (ADDRESS) <u>Chas. Watzberg 380 1 Benton Blvd</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. James</u> DATE <u>7-31-33</u>		
19. UNDERTAKER (ADDRESS) <u>J. J. Louis Funeral Home</u>		
20. FILED <u>July 31 1933</u> <u>3240 Woodland Ave.</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29th 1933

22. I HEREBY CERTIFY That I attended deceased from 12A to 97 1111 1933

I last saw him alive on July 29, 1933 Death is said to have occurred on the date stated above, 12 noon.

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

Other contributory causes of importance:
Arterio Sclerosis 1920
Chro. Carditis Chronic 1910

Name of operation Lab. Date of _____

What test confirmed diagnosis? _____ 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?
If so, specify _____
(Signed) B. Abutcherman, M. D.
(Address) 1022 PROFESSIONAL BLDG.

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