

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

Do not use this space.

6301

1. PLACE OF DEATH

County St. Louis Registration District No. 1000
Township St. Ferdinand Primary Registration District No. 1000
City Robertson (No. Jewish Sanatorium) St. _____ Ward)

File No. _____
Registered No. _____

2. FULL NAME

Hive Burbell
(a) Residence. No. 5880 Maffitt Ave. 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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Ida Burbell
(OR) WIFE OF

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
about 59				

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Victor Louis Burbell

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

12. MAIDEN NAME OF MOTHER Hinda Bortin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Russia

14. INFORMANT Louis Freiber
(Address) 5880 Maffitt Ave.

15. FILED 2/14 1934 Walter Zeitler REGISTRAR
Dr. L. Smith (Coroner's Clerk)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-14-1934

17. I HEREBY CERTIFY, That I attended deceased from January 18, 1934, to February 14, 1934
that I last saw him alive on February 14, 1934, and that death occurred, on the date stated above, at 10:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Amyia Pectoris
General arterio-sclerosis,
940 (duration) 5 yrs. mos. ds.
CONTRIBUTORY chronic myocarditis
(SECONDARY) (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS clinical and labo. ref
(Signed) Selig Simon per Dr. H. H. M. D.

2-14-1934 (Address) Jewish Sanat. Rd. Robertson

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Chesed Shel Emeth DATE OF BURIAL 2/14 1934

20. UNDERTAKER H. B. Berger, ADDRESS 4715 McPherson

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.

