

MAY 25 1934

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

Do not use this space.

14919

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **Jewish Hospital**) St. Ward)

File No.
Registered No. **4116**
St. Ward)

2. FULL NAME

Morris Stone M. Steinwolf

(a) Residence, No. **771 1/2 Aubert** St. **12** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **2** yrs. mos. ds. How long in U. S., if of foreign birth? **2** yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Rennie Stone M. Steinwolf**

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 55 - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Baker-Saboma**

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

10. Date deceased last worked at this occupation (month and year) **1/31** 11. Total time (years) spent in this occupation **16 1/2**

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

13. NAME **Gina Steinwolf**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

17. INFORMANT **William Stone** (ADDRESS) **1401 Bell av**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Church Kadiska** DATE **Apr. 24 1934**

19. UNDERTAKER **Oscar and Paul Denton** (ADDRESS) **4467 Washington Blvd**

20. FILED **J. Bebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/23 1934**

22. I HEREBY CERTIFY, That I attended deceased from **4/7**, 19**34**, to **4/23**, 19**34**.

I last saw him alive on **4/23**, 19**34**. Death is said to have occurred on the date stated above, at **6:30** p.m.

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

- 1) Coronary occlusion
- 2) Chronic myocarditis
- 3) Generalized arteriosclerosis
- 4) Bronchopneumonia

Other contributory causes of importance: **Acute Myocarditis**

Name of operation **None** Date of operation **None**

What test confirmed diagnosis? **Micro, etc.** Was there an autopsy? **Yes**

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 **No**

(Signed) **Harry Green** M. D. (Address) **Jewish Hospital, St. Louis**

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.

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