

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.

JUN 19 1934

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

Do not use this space.

18126

1. PLACE OF DEATH

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

File No.....
Registered No. 4576
St. Ward)

2. FULL NAME

Moses Nusbaum
(a) Residence, No. 5707 McPherson St. 5 Ward. (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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Addie Nusbaum
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 - 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 — 18
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Merchant
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) Cincinnati Ohio

13. NAME Meyer Nusbaum

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Caroline Oehr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Addie Nusbaum (ADDRESS) 5707 Mc Pherson

18. BURIAL, CREMATION, OR REMOVAL PLACE Cincinnati DATE 5-5-1934

19. UNDERTAKER H. Rindskopf (ADDRESS) 527 1/2 Federal

20. FILED 714 25 1000 19. 5 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

2
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5-1934

22. I HEREBY CERTIFY, That I attended deceased from 1918-, 19....., to....., 1934
I last saw h. in alive on May-5, 1934. Death is said to have occurred on the date stated above, at 1:01 a.m.

The principal cause of death and related causes of importance were as follows:
93C
93C
Acute dilatation of heart -
Date of onset
Other contributory causes of importance:
Ch. Myo. corditis - 7.4m

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) Dr. Maurice A. Frankenthal M. D.
(Address) 4500 Olive St.

