

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.

OCT 24 1934

1. PLACE OF DEATH

County *St. Louis*

Registration District No. *785*

File No. *30639*

Township *Bonhomme*

Primary Registration District No. *6031*

Registered No. *205*

City *Manchester*

(No. *Manchester Nursing Home* St. _____ Ward)

2. FULL NAME

Henry Epstein

(a) Residence, No. *227 E Woodbine Ave* Ward. _____

(If nonresident, give city or town and State) *Kirkwood Mo.*

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

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 31 1934*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Margaret Epstein*

22. I HEREBY CERTIFY, That I attended deceased from *May 15 1933* to *August 31 1934*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *about 1885*

I last saw him alive on *Aug 31 1934*. Death is said to have occurred on the date stated above, at *4:15 p.m.*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *About 49*

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

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

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

Cerebro-spinal syphilis Date of onset *34*

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

Other contributory causes of importance: *none*

13. NAME *Unknown*

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? *no*

15. MAIDEN NAME *Unknown*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT *Mrs. Mary Bauman* (ADDRESS) *227 E Woodbine Ave*

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Hill* DATE *9-1-34*

Manner of injury _____

Nature of injury _____

19. UNDERTAKER *Louis S. Bofop* (ADDRESS) *Kirkwood*

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____

20. FILED *Sept 1st 1934* *Agnes C. Kelly* Registrar

(Signed) *B. P. Loving*, M. D.

(Address) *Balwin, Mo.*

