APR 27 1927

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

Do not use this space.

9490

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 189 — File No.:

Township: Central — Primary Registration District No.: 6033 (8) — Registered No.: 71

City: (No.: Jewish Sanatorium — Anglum — Mo. — Ward)

2. FULL NAME Annie Seidenberg

(a) Residence. No. 6212 Gravois St., Ward. St. Louis
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isaac Seidenberg

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	9	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

59
93
82

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

PARENTS

10. NAME OF FATHER Joseph A. Hyatt

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

12. MAIDEN NAME OF MOTHER Frieda Kat-

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

14. INFORMANT S. Marx
(Address) 6212 Gravois

15. FILED 3/7, 1927 Della Tracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 5 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1926 to Mar. 5, 1927 that I last saw h. alive on Mar. 5, 1927 and that death occurred, on the date stated above, at 8:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Myocarditis
Diabetes — Coma
Hemiplegia
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 57
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.

(Signed) Edward Kaplan M.D.
3/5, 1927 (Address) Jewish Sanatorium

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Chesed Shel Emeth — DATE OF BURIAL: 3/8 1927

20. UNDERTAKER: A. 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.