

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

Do not use this space.

10312

**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. **2904** St. .... Ward)

**2. FULL NAME**

*Jennie Edelman*  
 (a) Residence No. *1394 1/2 Blvd Ave.* St. *5* Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

(If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Julius Edelman*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 15 - 1882*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*44 9 9*

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work *At home 546 of the uterus*  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

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

10. NAME OF FATHER *Not known*

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

12. MAIDEN NAME OF MOTHER *Not known*

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

14. INFORMANT *Adella Edelman* (Address) *1394 1/2 Blvd Ave.*

15. FILED *25 1927* *Mai Starceff* Registrar

**5 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *3. 24* 19*27*

17. I HEREBY CERTIFY, That I attended deceased from *3. 21. 27* to *3. 24. 27*, and that I last saw him alive on *3. 24. 27*, and that death occurred, on the date stated above, at *8:00* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Acute myocarditis with acute pericarditis Operation non Malignant Fibroid of the Uterus*

CONTRIBUTORY (SECONDARY) *Hypertension, arteriosclerosis* (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? *Yes* DATE OF *3. 20. 27* WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS..... (Signed) *Harry Jayzell*, M. D. *his off*

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Interred Shel Emeth Cem* DATE OF BURIAL *March 27 1927*

20. UNDERTAKER *A. Rindorhoff* ADDRESS *5266 Edman*

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.

