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

Do not use this space.

25639

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo. (No. 4399 McPhearson St. ..... Ward)

File No. .....

Registered No. 7236

2. FULL NAME Louis Aronson

(a) Residence. No. 4399 McPhearson St., 19 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Bertha

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 15-1845

7. AGE: 82 YEARS | MONTHS: 3 | DAYS: 25 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Civil Mdse

(c) Name of employer

131
95
4
1

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

PARENTS

10. NAME OF FATHER: Not known

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

12. MAIDEN NAME OF MOTHER: Not known

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

14. INFORMANT: Joseph Hart.
(Address) 4399 McPhearson

15. FILED AUG 10 1927, 19 ..... Max C Starkoff, Registrar

MEDICAL CERTIFICATE OF DEATH

6

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 10 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1927, to Aug 10, 1927, that I last saw him alive on Aug 10, 1927, and that death occurred, on the date stated above, at 7.35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac decompensation
pulmonary oedema from
acute Uraemia & Acute Myocarditis
(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY): Senility - nephritis?
Chronic 10 (duration) 10 yrs. — mos. — ds.

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

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Henry Jacobson, M.D.

, 19 (Address) 1340 Cent Nat Bank Bldg

1290

*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: Mt Sinai

DATE OF BURIAL: Aug. 11 1927

20. UNDERTAKER: H Rindskopf

ADDRESS: 5216 Delmar.

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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Y & Ohio