

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

Do not use this space.

19

10691 ~~77~~

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. Jewish Hospital)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 2487 St. Ward)

2. FULL NAME Helen Oppenheimer

(a) Residence. No. 1433 N. 13th St., 25 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

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.

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 Sam Oppenheimer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 9-1893

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	34	8	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Israel Gerner

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

12. MAIDEN NAME OF MOTHER Annie Stern

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

14. INFORMANT Israel Gerner
(Address) 1433 N. 13th St.

15. FILED 1028 May 6 Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 5 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1927, to March 5, 1928, that I last saw h. or R. alive on March 5, 1928, and that death occurred, on the date stated above, at 11:25 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal Fistulae

12:11/19C

(duration) yrs. 0 mos. 7 da.

CONTRIBUTORY Eczema
(SECONDARY)

(duration) yrs. 4 mos. 7 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, St. Louis

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 17, 1927

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Dr. Robert F. Huxley, M. D.
, 19 (Address) 216 So. Kingshighway

*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

Heard Shel Emeth Cem.

DATE OF BURIAL

Mar. 6 1928

20. UNDERTAKER

H. Rindorff

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.

