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

M 4383

Do not use this space. 17 1460

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. of hospital St. Joseph Hosp St. Ward)

2. FULL NAME Leah Berlin
(a) Residence. No. 420 W 46th St. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe.
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 Jacob Berlin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21 1897

7. AGE: Years 31 | Months 5 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Solomon Singer
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Austria
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Not Known

14. INFORMANT Jacob Berlin
(Address) 420 W 46th St

15. FILED 1/6 1929 M M Cone Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-5-1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1928, to Jan 5, 1929
that I last saw h..... alive on....., 19..., and that
death occurred, on the date stated above, at 11:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cellulitis - pelvic
Puerperal 145A.
186
Labor 1896 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Germinal Septicemia with Phlebitis (not Tuberc)
Pneumonia (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED? —
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Date of —
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) M. A. Hamer, M. D
1/5, 1929 (Address) 706 Realty Bldg

*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: St. Joseph Mo — DATE OF BURIAL: 1-5-29
20. UNDERTAKER: H. P. Loose — ADDRESS: C.T.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PE...T RECORD

[redacted]

[redacted]