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

Do not use this space.

25733

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 60 33B — Registered No. 233
City Wellston (N.) Jewish Sanitorium St. Ward)

2. FULL NAME Elizabeth Othelia Feldman
(a) Residence. No. 5905 Maple St., 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
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: Marcus Feldman
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 31, 1866
7. AGE: YEARS 62 — MONTHS 6 — DAYS 17 19 — If LESS than 1 day, ... hrs. or ..... min.
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
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Uhely Hungary
PARENTS
10. NAME OF FATHER: Manhardt Nemethy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Hungary
12. MAIDEN NAME OF MOTHER: Leonora Laufer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Hungary
14. INFORMANT: M. Feldman (Address) 5905 Maple
15. FILED 7/19, 1929 Rolla Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 18 1929
17. I HEREBY CERTIFY, That I attended deceased from October 21, 1926, to July 18, 1929, that I last saw her alive on July 17, 1929, and that death occurred, on the date stated above, at 6:30 a.m. 7/18/1929
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis agitans
(duration) 10 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Myocarditis
(duration) 1 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? None DATE OF
WAS THERE AN AUTOPSY? none
WHAT TEST CONFIRMED DIAGNOSIS? clinical and laboratory
(Signed) Felix Simon per D. Kaiser M.D.
7/18, 1929 (Address) Jewish Sanitarium

*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: Bnai Amoona — DATE OF BURIAL: 7/22 1929
20. UNDERTAKER: H B Berger — ADDRESS: 4715 McPherson

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.