

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

Do not use this space.

29165

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **793**
City St. Louis (No. Jewish Hospital)

File No.
Registered No. **8296**
St. Ward)

2. FULL NAME

Ether (Averbuch) Averbuch
(a) Residence. No. 1400 Burd Ave St. 6 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Morris Averbuch</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>not known</u>		
7. AGE YEARS <u>about 43</u>	MONTHS	DAYS
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>1000</u> (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 12 1929
17. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1929 to Aug 12, 1929 that I last saw h. ex. alive on Aug 12, 1929 and that death occurred, on the date stated above, at 8:30 pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
ac. myocarditis
1000
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) B. pneumonia - Post operative
Hysterectomy (duration) yrs. mos. ds. 8 ch

18. WHERE WAS DISEASE CONTRACTED
for non malignant myoma of
IF NOT AT PLACE OF DEATH Utah
DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 7
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Robert H. Reidel M. D.
, 19 (Address) Jewish Hosp.

*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.

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

PARENTS	10. NAME OF FATHER <u>Nathan Greenberg</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Russia</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Sitel Teutch</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Russia</u> (STATE OR COUNTRY)

14. INFORMANT Morris Averbuch
(Address) 1400 Burd Ave

15. FILED 1929 Max O. Stankov
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Chesed Shel Emeth DATE OF BURIAL Aug. 13 1929

20. UNDERTAKER H. Rindskopf ADDRESS 5216 Delmar

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.

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