

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. Jewish Hosp) St. _____ Ward)

File No. 31179
 Registered No. 8770

2. FULL NAME Fannie Nadler

(a) Residence. No. 5045 E. Kennedy St. 17 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 Morris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 3 1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>47</u>	<u>1</u>	<u>3</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (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) Roumania

10. NAME OF FATHER Charles Sigler

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

12. MAIDEN NAME OF MOTHER Rose Greenburg

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

14. INFORMANT Morris Nadler
 (Address) 5045 E. Kennedy St.

FILED SEP - 1 1930 May W. Starke REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/6 1930

17. I HEREBY CERTIFY, That I attended deceased from 8/29 1930 to 9/6 1930, and that I last saw her alive on 9/6 1930, and that death occurred, on the date stated above, at 6 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Initial Stenosis
92A Auricular Fibillation
92B
92A Embolism to brain
& kidney
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY)

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF _____
 WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Julius Elson, M. D.
9/6 1930 (Address) Jewish Hospital

*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 ches Shel Emeth. DATE OF BURIAL Sept 7 1930

20. UNDERTAKER H.B. Berger ADDRESS 4715 M.E. Pherson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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VS

PROBATION DEPARTMENT

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RECEIVED

APR 10 1964

10:00 AM

COMMUNICATIONS SECTION

RECEIVED

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10:00 AM

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