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

Do not use this space.

37267

File No. 33-15-1

Registered No. 789

DEC 23 1930

1. PLACE OF DEATH
County St. Louis — Registration District No. 789
Township Robertson, Mo. — Primary Registration District No. 6033B
City Central (No. Jewish Sanitarium St. Ward)

2. FULL NAME Sarah Altman
(a) Residence. No. 4722 Ashland St., Ward.
(Usual place of abode) St. Louis. (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
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alexander Altman
7. DATE OF BIRTH (MONTH, DAY AND YEAR): unk
8. AGE: Years: about 55; Months: —; Days: —; 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): Minsk (STATE OR COUNTRY): Russia

PARENTS
10. NAME OF FATHER: Moses Machte
11. BIRTHPLACE OF FATHER (CITY OR TOWN): (STATE OR COUNTRY): Russia
12. MAIDEN NAME OF MOTHER: Shifra unk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): (STATE OR COUNTRY): Russia

14. INFORMANT: Alex Altman
(Address): 4722 Ashland

15. FILED 11/25 1930 Rolla Gracy M.D. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): November 23 1930

17. I HEREBY CERTIFY, That I attended deceased from October 19, 1930, to November 23, 1930, that I last saw her alive on November 23, 1930, and that death occurred, on the date stated above, at 11-15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of rectum
46 D
1235
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Colectomy
(duration) yrs. 8 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF 8 months ago
WAS THERE AN AUTOPSY? none
WHAT TEST CONFIRMED DIAGNOSIS? Clinical and laborat
(Signed) Selby Simon per D Katzen M.D.
(Address) Jewish Sanat, Robertson, Mo

NOV 24 1930

*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: 11/25 1930
20. UNDERTAKER: H B Berger — ADDRESS: 4715 McPherson

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 PERMANENT RECORD