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.

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

Do not use this space.

35885

File No. 10401

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1028

City St. Louis (No. Central Hospital St. Ward)

2. FULL NAME Doris Gershenson

(a) Residence, No. 4315 Evans St., 11 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 Gershenson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 23. 07

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
24	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

FATHER

13. NAME Elias Molloff

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

MOTHER

15. MAIDEN NAME Mollie Finkelstein

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

17. INFORMANT Ben Molloff
(ADDRESS) 4315 Evans

18. BURIAL, CREMATION OR REMOVAL
PLACE Blessed Shel Emeth DATE 10/11 1931

19. UNDERTAKER H. P. Berger
(ADDRESS) 4315 Northrop

20. FILED Mar 10 1931 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10 — 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1931, to Oct 10, 1931

I last saw her alive on Oct 10, 1931. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	Oct 7.
145 A Puerperal.	
118 C	
145 A	

Other contributory causes of importance:

Acute Dilitation of Stomach

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John C. Brown, M. D.

(Address) 4515 Washington

Dr. B. van
J. C.