

**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. **9003**
City **St. Louis Mo** (No. **5933**) **Wabada Ave**

File No. **2627**
Registered No. **320**
St. _____ Ward _____

2. FULL NAME

Anna Edelman
(a) Residence, No. **5933 Wabada Ave** St. **6** Ward.
(Usual place of abode)
Length of residence in city or town where death occurred **30** yrs. mos. ds. How long in U. S., if of foreign birth? **35** yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Widowed**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 15 1858**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 73 **2** **25**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**
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) (STATE OR COUNTRY) **Russia 23**

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Harry Edelman 5770 Kingsbury**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chesed Shel Meth** DATE **Jan 11 1932**

19. UNDERTAKER (ADDRESS) **Oberlander Funeral Directors 4827 E. Ash St.**

20. FILED **1932** **Maxie Starck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 10 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 7 1932** to **Jan 10 1932**

I last saw him alive on **Jan 8 1932** Death is said to have occurred on the date stated above, at **7:30** a.m.

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

Chronic myocarditis Date of onset _____

Other contributory causes of importance: **Senility**

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 P. Sawyer** M. D.

(Address) **4318 Washington**

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.

John C. 13 ran

