

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

Do not use this space.

6416

1. PLACE OF DEATH

County..... Registration District No.....

Township..... Primary Registration District No.....

City St. Louis (No. City Hospital)

File No.....

Registered No. 1455

St. Ward)

2. FULL NAME

(a) Residence, No. 812 Hickory St. Ward. 2A
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Feldman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 8 -

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

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

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) Illinois

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hospital Information Dept

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthew DATE Feb 15 1932

19. UNDERTAKER (ADDRESS) John A. Sherry 4305 Washington

20. FILED FEB 15 1932 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10 to 32, 1932, to Feb 12, 1932

I last saw her alive on Feb. 12, 1932 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:
Chronic myo. arthritis.

Other contributory causes of importance:
1) Hypostatic Pneumonia #103
2) Acute Cystitis

Name of operation..... Date of.....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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..... D

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify Raymond Speck, M. D.
(Signed) City Hospital
(Address)

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

Handwritten text at the top right corner.

1

Small handwritten mark or character.

Faint handwritten text or markings at the bottom left corner.