

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

Do not use this space.

6922
2010

1. PLACE OF DEATH

County..... Registration District No. 731
 Township..... Primary Registration District No. 502
 City St. Louis (No. 5991) Waterman St. Ward)

2. FULL NAME

(a) Residence, No. Yetta Goldberg St., 5 Ward. (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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word) <u>married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unk^d 1866</u>		
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. <u>26 6</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>		
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) <u>Roumania</u>		
13. NAME <u>Salman Salomanovitch</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Roumania</u>		
15. MAIDEN NAME <u>Rebecca (unk)</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Roumania</u>		
17. INFORMANT (ADDRESS) <u>J Goldberg</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Olive</u> DATE <u>Feb 28 1932</u>		
19. UNDERTAKER (ADDRESS) <u>H Berger</u>		
20. FILED <u>1745</u> 19 <u>32</u> <u>Waterman</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1931 to Feb 28 1932
 I last saw him alive on Feb 28 1932. Death is said to have occurred on the date stated above, at 10 P. m.
 The principal cause of death and related causes of importance were as follows:
Septic pneumonia (bronchial) Date of onset 2-26-32
107A
74 107A
 Other contributory causes of importance:
Agranulocytosis. 1-14-32

Name of operation none Date of.....
 What test confirmed diagnosis? Clinical Was there an autopsy? none

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? no
 If so, specify.....
 (Signed) Joseph Magidon M. D.
 (Address) 227 University Club Bldg

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.

THIS IS A PERMANENT RECORD

