

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

Do not use this space.

17979

1. PLACE OF DEATH

County..... Registration District No. 7911
Township..... Primary Registration District No. 1000
City, St. Louis No. Jewish Hosp

File No.....
Registered No. 4948
St. Ward)

2. FULL NAME

(a) Residence, No. 5911 Hamilton Terr St. Ward. 26

(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. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 28 1873
7. AGE YEARS 58 MONTHS 6 DAYS unknown If LESS than 1 day, hrs. or min.

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. 235
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) Vitebsk Russia

13. NAME Solomon Hiekin

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

15. MAIDEN NAME May (unk)

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

17. INFORMANT Mrs. Jennie Blumenthal (ADDRESS) 5763 Kingsbury

18. BURIAL, CREMATION, OR REMOVAL PLACE Beth Ham Hag DATE 5/22 1932

19. UNDERTAKER A. B. Berger (ADDRESS) 4715 M. St.

20. FILED MAY 21 1932 W. C. Stork Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-17 1932 to 5-20 1932

I last saw her alive on 5-20 1932 Death is said to have occurred on the date stated above, at 12 05 am

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

Broncho-pneumonia Date of onset

1218 157A

Other contributory causes of importance: Operation for acute Appendicitis

Name of operation Appendectomy Date of 5-17-32

What test confirmed diagnosis?..... 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) L. E. Bredner, M. D.

(Address) Jewish Hospital

MARGIN RESERVED FOR BINDING

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.

S. NO. 2

