

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

Do not use this space.

20915

**1. PLACE OF DEATH**

County.....

Registration District No. 79L

Township.....

Primary Registration District No. 100B

City St. Louis (No. City Hospital)

File No.....

Registered No. 5402

St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1412<sup>2</sup> No. 10<sup>th</sup> St. 125 Ward.

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 5 17

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. 127  
10. Date deceased last worked at this occupation (month and year) 12 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

13. NAME Jos. Mulaver

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

15. MAIDEN NAME Josee Muskowitz

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

17. INFORMANT (ADDRESS) Hospital information on case City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Ave DATE June 7<sup>d</sup> 1932

19. UNDERTAKER (ADDRESS) Central Undertaking Co. 1841 Page Ave

20. FILED 11-6-1932 City Hospital Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4<sup>th</sup> 1932

22. I HEREBY CERTIFY, That I attended deceased from May 31<sup>st</sup> 1932 to June 4<sup>th</sup> 1932

I last saw her alive on June 4<sup>th</sup> 1932 Death is said to have occurred on the date stated above, at 4:15 P.M.

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

Intestinal obstruction Date of onset

due to strangulated femoral hernia

Other contributory causes of importance: 10

Name of operation Clinical Date of 10

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? no

If so, specify no

(Signed) T. Scherman M. D.

(Address) City Hospital

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.

Grzegorzewski