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.

AUG 27 1932

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

Do not use this space.

24061

1. PLACE OF DEATH
96 County St Louis — Registration District No. 1123 — File No. 24061
Township Carondelet — Primary Registration District No. 6248 B. — Registered No. 943
City Koch, Mo (No. Koch Hosp. St. Ward)

2. FULL NAME Selma O'Hare
(a) Residence. No. 4981a Tchekla St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred lg 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: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: -m

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3-15-1901

7. AGE: YEARS 31 — MONTHS 4 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

PARENTS
10. NAME OF FATHER: Joseph Sobel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Europe
12. MAIDEN NAME OF MOTHER: Dena Kominesky
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Europe

14. INFORMANT: Koch Hospital records
(Address) Koch Mo

15. FILED 7/20, 1932 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 20 1932

17. I HEREBY CERTIFY, That I attended deceased from 10-3, 1931, to 7-20, 1932 that I last saw her alive on ~~10~~ 7-19, 1932 and that death occurred, on the date stated above, at 8 10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
For advanced Pulmonary Tuberculosis
23A (duration) 2 yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY): (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: undetermined
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Xray Lab
(Signed) W E Cook, M. D.
7-20, 1932 (Address) Koch Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Chesed Shel Emeth — DATE OF BURIAL: 7-21 1932

20. UNDERTAKER: H B Berger — ADDRESS: 4715 McPherson