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.

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

Do not use this space.

24464

File No.

Registered No. 6596

791
1003

1. PLACE OF DEATH

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

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

City St Louis Mo. (No. St Lukes Hosp St. ..... Ward)

2. FULL NAME Eleonora Stern

(a) Residence, No. 2601 University St St., 90 Ward.
(Usual place of abode) (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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 - 1888

7. AGE: YEARS 43 | MONTHS 10 | DAYS 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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. 244

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) Ills. 2

FATHER

13. NAME Jacob Stern

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

MOTHER

15. MAIDEN NAME Lena Marxer

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

17. INFORMANT (ADDRESS) Mrs. Lena Jacobus 2601 University St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE July 20, 1932

19. UNDERTAKER (ADDRESS) Ky Leidner Und Co 1417 N Market St

20. FILED JUL 18, 19 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17th, 1932

22. I HEREBY CERTIFY, That I attended deceased from January, 1932, to July 17, 1932

I last saw her alive on July 17, 1932. Death is said to have occurred on the date stated above, at 9:15 A.m.

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

	Date of onset
Chronic Interstitial Nephritis	2-3 yrs.
and Uremia	2 mos.
131	
97	
132 B	

Other contributory causes of importance:

Hypertension	3-4 yrs.
General Arterio Sclerosis (D)	

Name of operation none Date of —

What test confirmed diagnosis? ..... 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 .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Hiram L. Liggett, M. D.

(Address) 3720 Washington Blvd.

Dr. H. Liggett
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