

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

Do not use this space.

33680  
File No. \_\_\_\_\_  
Registered No. **8972**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **797**  
Township \_\_\_\_\_ Primary Registration District No. **2873**  
City **St. Louis 2nd** (No. **5015 Kensington Ave.**) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. **5015 Kensington St.** **12** Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred **26** yrs. mos. ds. How long in U. S., if of foreign birth? **26** yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Widowed</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Unknown</b>		
7. AGE YEARS <b>about 74</b>	MONTHS —	DAYS —
IF LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Housework</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Cooking - Self</b>	
	10. Date deceased last worked at this occupation (month and year) <b>Oct. 1, 1932</b>	11. Total time (years) spent in this occupation <b>25 yrs</b>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Russia</b>		
FATHER	13. NAME <b>Abraham Lewis Romovitch</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Russia</b>	
MOTHER	15. MAIDEN NAME <b>Unknown</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Russia</b>	
17. INFORMANT <b>Morris Stepansky</b> (ADDRESS) <b>6317 Gates</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Chesed Shel Emet</b> DATE <b>Oct. 9, 1932</b>		
19. UNDERTAKER <b>Oderhandler Funeral Dir</b> (ADDRESS) <b>4469 Washington</b>		
20. FILED <b>NOV - 9 1932</b> <b>Max G. Starkloff</b> Registrar.		

**5 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 9, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 8, 1932**, to **Oct. 9, 1932**  
I last saw her alive on **Oct. 8, 1932** Death is said to have occurred on the date stated above, at **3 1/2** m.  
The principal cause of death and related causes of importance were as follows:  
 1. **Dramia Chr. Nephritic**  
 2. **Acidosis (inability to take food)**  
 3. **Myocarditis Chronic**  
 Date of onset **9-28-32**  
 Other contributory causes of importance:  
 1. **Senile Dementia**  
 (D)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? **Phys. Find.** Was there an autopsy? \_\_\_\_\_

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) **William S. Rubens Fein**, M. D.  
 (Address) **200 Jefferson Bank 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.



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 791

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 1003

Registered No. 8977

City St. Louis No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mattie S. Bender

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

St. \_\_\_\_\_ 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 - 1932

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m. The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

Uremia Ch. Nephritis  
Acidosis (inability to take food)  
Myocarditis Chronic

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance:  
Non Diabetic Acidosis Information given over Phone by Dr. E. Rubenstein, Div. of H. S. 12-14-32

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

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED JAN 4 1933 Map C. Starker Registrar

SUPPLEMENTARY

N. E. 3/27/32. 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

S-33680