

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

1437
Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **17-33**
City **St. Louis** (No. **Jewish Hospital**)

File No. **37703**
Registered No. **10398**
St. Ward)

2. FULL NAME

(a) Residence, No. **5718 Waterman** St., **5** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **24** yrs. mos. ds. How long in U. S., if of foreign birth? **24** yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F.** 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 **Solomon Hoffman**

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
about 37		-	-	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
	Housewife	Nov 20 32	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	235		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria Hungary**

MOTHER FATHER 13. NAME **Harold Taubman**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria Hungary**

MOTHER 15. MAIDEN NAME **Frieda Nash**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria Hungary**

17. INFORMANT **Solomon Hoffman**
(ADDRESS) **5718 Waterman**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chesed Shelmetz** DATE **Nov. 24 1932**

19. UNDERTAKER (ADDRESS) **Oxenhayden Funeral Director**
4469 Washington Blvd.
Wash. D.C.

20. FILED **Nov 24 1932** Registrar **Max Estman**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 23 1932**

22. I HEREBY CERTIFY That I attended deceased from **No Physician in Attendance** 19... to 19...

I last saw h. alive on 19... Death is said

to have occurred on the date stated above, at **3:55 p.m.**

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

Diffuse Septic General Peritonitis following criminal abortion
Date of onset **175 ft**

Other contributory causes of importance: **145 ft**

Homicide

Name of operation **175** Date of **7**

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? **homicide** Date of injury **11/19 1932**

Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **In home**

Manner of injury **Criminal Abortion**

Nature of injury **Septic Peritonitis**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify **J.W. Kemmer M.D.**

(Signed) **J.W. Kemmer** (Address) **Dep. Coroner**

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.

