WRITE PLAINLY, WI... INK--THIS IS A P...

N. B.—Every item of information should be carefully supplied. AGE should be stated ... 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.

37828

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. ..... Registered No. 10533

City St Louis (No. St Anthony's Hospital St. ..... Ward)

2. FULL NAME Ben A. Fuld Sr.

(a) Residence, No. 4940 Lindenwood St., 14 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 20, 1865

7. AGE: YEARS 67 | MONTHS 2 | DAYS 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millinery Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 65
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): St Louis Mo 1

FATHER

13. NAME: Meyer Fuld
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Ben A. Fuld Jr 4940 Lindenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory 11-29 1932

19. UNDERTAKER (ADDRESS): Kriegshauser Mortuaries 4228 So Kingshighway

20. FILED NOV 28 1932, 19 Max C. Harvey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/21, 1932, to 11/25, 1932

I last saw him alive on 11/25, 1932. Death is said to have occurred on the date stated above, at 12:15 A.m.

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

Chr. Myocarditis — Date of onset ?

93 C
950 93 C

Other contributory causes of importance:
Ac. cardiac dilatation

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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? Yes

If so, specify .....

(Signed) Phil H. Scherer M. D.

(Address) 3115 S. Grand Av.

Dr Scherer
1-3 Dickman Rd q.