

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

Do not use this space.

41652

1. PLACE OF DEATH

County Registration District No. 7911
Township Primary Registration District No. 10723
City St. Louis (No. 3815 Lafayette)

File No.
Registered No. 10717
St. Ward)

2. FULL NAME

(a) Residence, No. St., 17 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eli Bernheimer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 18 - 1853</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>5</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
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.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> ¹⁰		
13. NAME <u>Solomon Weil</u> ¹⁰		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Hattie Strasser</u> (ADDRESS) <u>53815 Lafayette</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Sinai</u> DATE <u>Dec. 5</u> 19 <u>32</u>		
19. UNDERTAKER <u>A. Rindschopf</u> (ADDRESS) <u>5216 Selma</u>		
20. FILED <u>DEC - 3 1932</u> <u>Max C. Stanley</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 3 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 1929, to Dec. 3, 1932
I last saw her alive on Dec. 2, 1932. Death is said to have occurred on the date stated above, at 6:35 A. m.
The principal cause of death and related causes of importance were as follows:
Coronary artery obstruction
93 C
Myocarditis, chronic
74 B
Date of onset Senile

Other contributory causes of importance:
73 C
74 B

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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 Senile, M. D.
(Signed) Senile
(Address) 372 D Washington

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.

