

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

Do not use this space.

41716

1. PLACE OF DEATH

County..... Registration District No.....
 Town..... Primary Registration District No.....
 City St. Louis (No. 910 Burns West) St. Ward.....

File No.....
 Registered No. 10786
 St. Ward.....

2. FULL NAME

(a) Residence, No. 910 Burns West St., 4 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benjamin Kaplovitz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>53</u>	<u>3</u>	<u>17</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 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) Volhynia Russia

MOTHER 13. NAME Julius Goldstein

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

15. MAIDEN NAME Naomi Sacks

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

17. INFORMANT Mrs. H. Spector (ADDRESS) 910 Burns West

18. BURIAL, CREMATION, OR REMOVAL Reburied - Shel. Tometh DATE Dec 5 - 1932

19. UNDERTAKER H. B. Benson (ADDRESS) 471 1/2 E. Chestnut

20. FILED DEC -6 1932 Registrar.

3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1932, to Dec. 5, 1932
 I last saw her alive on Dec. 4, 1932 Death is said to have occurred on the date stated above, at 1:40 AM.

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

Sarcoma, uterus -
(Peritoneal metastase)
48
48
48
 Other contributory causes of importance: Hypostatic pneumonia
 Date of onset: Several
mo ago

Name of operation Exploratory 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? No
 If so, specify Thurston Sale M. D.
 (Signed) Thurston Sale (Address) 3700 Washington

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.

RECORD THIS IS A PERMANENT RECORD

