

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

Do not use this space.

7644

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 10156  
City St. Louis (No. Children's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1603  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ellen Danziger  
(a) Residence, No. 6665 Washington 12 Ward. St. Louis 00. Mo  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>♀</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 14 - 1932</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
		<u>10</u>	<u>1</u>	
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	

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15, 1933

2. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1933, to Feb 15, 1933  
I last saw her alive on Feb 15, 1933. Death is said to have occurred on the date stated above, at 7:20 m.  
The principal cause of death and related causes of importance were as follows:  
pneumonia, lobar  
Primary  
108 108  
Other contributory causes of importance:  
.....  
.....  
.....

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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) W. E. Reiter, M. D.  
(Address) 500 So. Kingshighway

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

FATHER

13. NAME Paul Danziger

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

MOTHER

15. MAIDEN NAME Rose Danziger

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT M. B. Jacobi (ADDRESS) 1115 1/2 N. 1st St. St. Louis

18. BURIAL, CREMATION OR REMOVAL PLACE Mt. Sinai DATE 2/18/33, 1933

19. UNDERTAKER W. E. Lindell (ADDRESS) 4356 Lindell

20. FILED FEB 16 1933 Max C. Parkes Registrar

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.

THIS IS A PERMANENT RECORD

2  
10  
1

CONFIDENTIAL - SECURITY INFORMATION

[The main body of the document contains several paragraphs of text that are extremely faint and illegible due to the quality of the scan. The text appears to be a formal report or memorandum.]