

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

Do not use this space.

11104

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Township..... Primary Registration District No. 4003  
 City St. Louis, Mo. (No. St. Louis Children's Hospital) St. .... Ward)

File No. ....  
 Registered No. 2139

**2. FULL NAME**

(a) Residence, No. 6613, San Bonita St., 12 Ward. St. Louis Co. Mo  
 (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>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>child 13</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 23, 1919</u>		
7. AGE YEARS <u>13</u>	MONTHS <u>10</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>School</u>		
10. Date deceased last worked at this occupation (month and year) <u>School</u>		11. Total time (years) spent in this occupation <u>School</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
13. NAME <u>Maurice Sachs</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
15. MAIDEN NAME <u>Rose Zaffer</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
17. INFORMANT <u>J. S. Herzberg</u> (ADDRESS) <u>500 S. Kingshighway</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Beth Ham Hag</u> DATE <u>3/3</u> 19 <u>33</u>		
19. UNDERTAKER <u>A. Berger</u> (ADDRESS) <u>4715 McPherson</u>		
20. FILED IN PART <u>3 1933</u> Registrar.		

**2. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1933 to Mar. 2, 1933

I last saw her alive on Mar. 2, 1933 Death is said to have occurred on the date stated above, at 7:10 m.

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

Acute Staphylococcus meningitis

Chr. Menstraditis, Left

Other contributory causes of importance:

Menstradectomy - 2-17-25

Name of operation Internal drainage Date of operation 2-22-33

What test confirmed diagnosis? Culture 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? No

If so, specify  
 (Signed) James E. Pittman, M. D.  
 (Address) Children Hospital

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAIN ENGLISH

M. B.—Every item of information should be stated in plain terms so that it may be properly understood.

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