

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

Do not use this space.

**21332
5115**

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 08

City St. Louis

(No. Mo. Baptist Hospital)

File No.

Registered No.

St. Ward)

2. FULL NAME

Fannie Pruzen

(a) Residence, No. 4400 Evans Ave St. 11 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? 33 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Wolf Pruzen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 54 — —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) June 6, 1923 11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Siberia

13. NAME Wolf Yankelovitz

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Wolf Pruzen
(ADDRESS) 4400 Evans

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chenah Kadisha DATE June 11, 1933

19. UNDERTAKER Denhardt's Funeral Home
(ADDRESS) 4469 Washington St

20. FILED 11 1933
J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1933

I HEREBY CERTIFY, That I attended deceased from June 6, 1933, to June 10, 1933

I last saw her alive on June 10, 1933 Death is said

to have occurred on the date stated above, at 7:15 p.m.

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

Myocardial infarction
secondary to
hypertension
870 870 a.

Date of onset

6/6/33

Other contributory causes of importance:

Arteriosclerosis 6/6/33

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? no

If so, specify.....

(Signed) W. H. Pruzen M. D.

(Address) 7924 S. Grand

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.

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Fr. 2600