

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1003
City St. Louis No. 1433 W. 13

File No. **21611**
Registered No. **5408**
St. Ward)

2. FULL NAME

(a) Residence, No. St., 25 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Israel Lerner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 14, 1869</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>8</u>
	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	11. Total time (years) spent in this occupation.....
	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).....		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Thernigow Russia

13. NAME
Abraham Stern

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

15. MAIDEN NAME
Bertha Stern

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

17. INFORMANT (ADDRESS)
I. Lerner

18. BURIAL, CREMATION, OR REMOVAL PLACE
Interred St. Louis DATE 4/22/33

19. UNDERTAKER (ADDRESS)
W. E. Surgey

20. FILED 19 22 144115 W. E. Surgey

J. B. Debeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1933 to June 31, 1933

I last saw her alive on June 29, 1933 Death is said to have occurred on the date stated above, at 39 m.

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

10 chronic myocarditis Date of onset 1929
950 Labor pneumonia 6/16/33
102

Other contributory causes of importance:
Hypertension

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..... (Signed) M. E. Baron M. D.

(Address) No. 214, St. Louis Mo.

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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