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

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.

SEP 26 1933

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

Do not use this space.

27829

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis MO (No. City Hospital St. ..... Ward)

File No. .....

Registered No. 6858

2. FULL NAME Sadie Dumes

(a) Residence, No. 1210 Walton St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 21 ds. How long in U. S., if of foreign birth? 22 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

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

7. AGE: About 70 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.
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) Aug. 6-33
11. Total time (years) spent in this occupation 37 yrs

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

FATHER

13. NAME: Orki Chaim Novosolik
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

MOTHER

15. MAIDEN NAME: Chasi Momi
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

17. INFORMANT (ADDRESS): Mrs Rev. J. Kaplin Champaign Ill.

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
PLACE Terre Haute Ind. DATE Aug. 8 1933

19. UNDERTAKER (ADDRESS): Oxenhandler Funeral Directors 4469 Washington Blvd.

20. FILED AUG -8 1933 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 21 1933, 19....., to ....., 19.....

I last saw h..... alive on 10 30 19.... Death is said to have occurred on the date stated above, at 10 30 P.M.

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

Date of onset

Fracture of Skull, Right Temporo-parietal and basal sphenoid Haemorrhage to brain, received when struck by an Oldsmobile Coupe driven by one Olas Sanders, at Page

Other contributory causes of importance:

and Walton about 8:50 P.M. August 6, 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 8-6, 1933

Where did injury occur? City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by Oldsmobile Coupe

Nature of injury Homicide

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M. D.

(Address) Deputy Coroner

8/7/33

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