

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

Do not use this space.

34317

1. PLACE OF DEATH
 County St. Louis Registration District No. 259
 Township Central Primary Registration District No. 60133
 City Wardall (No. 3725) Wardall St. _____ Ward _____

2. FULL NAME Lucille Feldman
 (a) Residence, No. 3725 Wardall St. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Morris Feldman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
32 10 ✓

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Luzerne Pa.

13. NAME Robert L. James

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

15. MAIDEN NAME Ollie Nylie

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

17. INFORMANT Miss Sarah James
 (ADDRESS) 3 Cornell St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Waltham DATE 11-3 1933

19. UNDERTAKER Guy Muller
 (ADDRESS) 4754 Lindell

20. FILED 11/1 1933 Paul Bracy M.D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-31, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1931, to Oct 31, 1933
 I last saw her alive on Oct 31, 1933. Death is said to have occurred on the date stated above, at 1 P. M.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 12 yrs ago
201
 Other contributory causes of importance:
None
 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) A. J. Kerner M. D.
 (Address) 1259 N. Kingshighway Blvd.

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.

NOV 10 1933

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