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

Do not use this space.

34905

File No. 9084

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 3955 Hartford St. Ward)

Registration District No. 79E

Primary Registration District No.

2. FULL NAME Theresa Schulherr Kantorwitz

(a) Residence, No. 3955 Hartford St., 16 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 5, 1854

7. AGE: Years 79 Months 0 Days 15 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home 108

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 92A 93A

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): Bavaria Germany 10

FATHER

13. NAME: Louis Schulherr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER

15. MAIDEN NAME: Sophie Hirschberg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

17. INFORMANT (ADDRESS): Isidor A. Schulherr 4205 Juniata

18. BURIAL, CREMATION, OR REMOVAL PLACE New Mt. Sinai DATE 10/22, 1933

19. UNDERTAKER (ADDRESS): H. B. Berger 4715 McPherson

20. FILED OCT 21 1933 J. F. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 20, 1933

22. I HEREBY CERTIFY, That I attended the deceased from October 1st, 1930, to Oct 20th, 1933

I last saw h... alive on Oct 20, 1933. Death is said to have occurred on the date stated above, at 10 a.m.

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

	Date of onset
Lobar pneumonia	10/18/33
Myocarditis, acute	
Mitral Regurgitation	10/1/30

Other contributory causes of importance: Age

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

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

Accident, suicide, or homicide? No Date of injury No, 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Henry Jacobson, M. D.

(Address) 705 Olive St.

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

Nov 10 1933