

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

Do not use this space.

38628

1934

1. PLACE OF DEATH

County.....
Township.....
City St. Louis mo

Registration District No. 791
Primary Registration District No. 003
(No. Jewish Hospital)

File No.
Registered No. 10296
St. Ward)

2. FULL NAME

Sarah Uster

(a) Residence, No. 1421 Granville St., 6 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds. (If nonresident, give city or town and State)

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 YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 63 — — —

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) Nov 233 11. Total time (years) spent in this occupation 30y

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

13. NAME Label Lakovitch

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Annie Harris
(ADDRESS) 1421 Granville St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Street DATE Nov-30 1933

19. UNDERTAKER Oscar Handella Personal Services
(ADDRESS) 4469 Washington Blvd.

20. FILED 1934
J. Bredeck
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-29, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-18, 1933, to 11-29, 1933

I last saw h. or alive on 11-29, 1933. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

<u>Bilateral Broncho-pneumonia</u>	5
<u>Massive Collapse Rt. Lung</u>	2
<u>107A</u>	
<u>114B</u>	

Other contributory causes of importance: 107C

Name of operation none Date of
What test confirmed diagnosis Ray 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 Cardiovascular, M. D.

(Signed) Jewish Hospital
(Address) Jewish Hospital

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

