

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

Do not use this space.

3468-35
B2

791
1003

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. St. Louis Hospital)

File No.
Registered No. 1207
St. Ward)

2. FULL NAME

(a) Residence, No. 5500 Calumet St. 5 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>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Carrie Gerette</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Not known</u>		
7. AGE <u>About 79</u>	YEARS	MONTHS
	DAYS	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Cigar Maker</u>	
	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) <u>Germany</u>		
MOTHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Jennie G. Hirschhorn</u> <u>5500 Calumet</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Sinai Cem.</u> DATE <u>2-2-</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>H. Rindskopf</u> <u>5 - 16 - Delmar</u>		
20. FILED <u>FFR - 2 1934</u>	<u>J. Bredeck</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 31, 1934

22. I HEREBY CERTIFY That I attended deceased from October 16, 1934, to January 30, 1934
I last saw him alive on January 30, 1934. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:
Meningitis Streptococci
Staphylococcus aureus
Chronic Mastoiditis
Other contributory causes of importance:
09A
03B
79A
MP

Name of operation Date of operation
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) Isaac Heller, M. D.
(Address) 3720 Washington

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.

MAR 24 1934

WHITE CARBON, WITH UNFADING INK—THIS IS A PERMANENT RECORD

