

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

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

Do not use this space.

7094

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. French Hosp)

File No.....  
Registered No. 1974  
St. .... Ward)

2. FULL NAME

Morris Pearlman

(a) Residence, No. 5317 Kabanne St. 5 Ward. (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 Male 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 Lillian Pearlman  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 1900  
7. AGE YEARS 33 MONTHS 6 DAYS 3 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Turner  
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) St. Louis

13. NAME Abraham Pearlman

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

15. MAIDEN NAME Mary Goldberg

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

17. INFORMANT (ADDRESS) Mrs. Rose Landers  
5317 Kabanne

18. BURIAL, CREMATION, OR REMOVAL PLACE Bech Hom Hosp DATE 2/25/34

19. UNDERTAKER (ADDRESS) W. J. Bredeck  
425 1354

20. FILED FEB 25 1934 REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/25 1934

22. I HEREBY CERTIFY, That I attended deceased from February 17 1934 to February 23 1934

I last saw him alive on February 23 1934 Death is said to have occurred on the date stated above, at 9:05 a.m.

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

Pneumonia left lobe. 2-17-34  
108A  
92A  
Other contributory causes of importance:  
Ch. Endocarditis  
Mitral insufficiency  
Stenosis

Name of operation none Date of.....  
What test confirmed diagnosis? X-ray 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 Elmer Richman M. D.  
(Signed) 4500 Olive St. St. Louis Mo.  
(Address)

