

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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
Township Central Primary Registration District No. 262484
City Richmond (No. St. Marys St. Marys) St. _____ Ward _____

File No. _____
Registered No. 7357
St. _____ Ward _____

2. FULL NAME

Berta Jean Singer
(a) Residence, No. 149 Leave 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23, 1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 4 5
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. At home
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 Ben Singer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

15. MAIDEN NAME Eva Schechter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT (ADDRESS) A. Singer 703

18. BURIAL, CREMATION, OR REMOVAL PLACE Interred at Mt. Carmel DATE 3/1 1934

19. UNDERTAKER (ADDRESS) H. Berger

20. FILED 2/28 1934 St. Louis Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb - 18 1934, to Feb 28 1934

I last saw him alive on Feb 28 1934 Death is said to have occurred on the date stated above, at _____ m.

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

Streptococcus Septicemia Date of onset 2-24
101 36 101 (cont.)
Other contributory causes of importance Suppurative Axillary Adenitis (Abscess) 2-20-34

Name of operation Incision of Abscess Date of 2-24-34
What test confirmed diagnosis? Laboratory 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) Ralph L. Cook _____, M. D.
(Address) 508 N Grand

11/31