

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

Do not use this space.

MAY 25 1934

14580

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. Jewish Hospital)

File No.....

Registered No. 3765

St. Ward)

2. FULL NAME

(a) Residence, No. 5570 North Brilliante St., 6 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 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 Mollie Schurman		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1870		
7. AGE	YEARS 63	MONTHS 9
	DAYS 8	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. dry goods	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retail	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kamenny Polobok Russia	
	13. NAME Moses Schurman	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia	
	15. MAIDEN NAME Hilda Schneider	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia	
	17. INFORMANT David Schurman	
18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Meth. DATE 4/13, 1934		
19. UNDERTAKER (ADDRESS) W. B. Berger 4715 Madison		
20. FILED MAY 25 1934 J. H. Benedict Registrar.		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13, 1934

22. I HEREBY CERTIFY that I attended deceased from Feb. 1, 1934 until April 13, 1934

I last saw him alive on 4-13-34 Death is said to have occurred on the date stated above, at 10:30 p. m.

The principal cause of death and related causes of importance were as follows:
Pneumonia Date of onset 11/27
with Pleurisy 12/27
11792
Other contributory causes of importance: Hypertension of white 1/31
Spinal pleurisy
Name of operation..... Date of 4-16, 1934
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) Harry J. Sandpaul, M. D.
(Address) (Harry Sandpaul)

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.

