

MAY 21 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

15141

File No. 4859
Registered No. 4859
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 1003
Township _____ Primary Registration District No. _____
City *St. Louis* (No. *Jewish Hospital*)

2. FULL NAME

Doris Kaufeld
(a) Residence, No. *1210^{1/2} Walton* St. *12* Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred *26* yrs. mos. ds. How long in U.S., if of foreign birth? *28* 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*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 62

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Fruit & Veg. Peddler*

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) *1931* 11. Total time (years) spent in this occupation *22 yrs*

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

13. NAME *Zudic Kaufeld*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT *Mabelle Kaufeld* (ADDRESS) *1210^{1/2} Walton*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Chapel Emeth* DATE *April 30 34*

19. UNDERTAKER *Oxenhander Funeral Dir* (ADDRESS) *4469 Washington*

20. FILED *APR 30 1934* Registrar *J. Bledock*

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/29* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *4/20* 19*34* to *4/29* 19*34*
I last saw him alive on *4/29* 19*34*. Death is said to have occurred on the date stated above, at *2:55 p.m.*
The principal cause of death and related causes of importance were as follows:

Paralysis agitans
Broncho pneumonia
1870
Arteriosclerosis, general
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 (Signed) *Salvay Agnew M.D.*
(Address) *Jewish Hospital, St. Louis*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

15-34
22-35
12-32

