

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.

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

Do not use this space.

MAY 25 1937

1. PLACE OF DEATH

96 County St. Louis Registration District No. 116.0
 101/8 Township _____ Primary Registration District No. 447.0
 City St. Louis, Mo. (No. Home 6431 Cates) St. _____ Ward _____

File No. 15337
 Registered No. 47

2. FULL NAME Esther Bronf-Brenner

(a) Residence, No. 6431 Cates St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 6 mos. - ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

| | | | | |
|--------------|-----------|--------|------|--|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. |
| <u>About</u> | <u>60</u> | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) April 1-1934 11. Total time (years) spent in this occupation 40 yrs

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

13. NAME Miriam Steinberg

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Bess Deutch (ADDRESS) 6253 Cahanne

18. BURIAL, CREMATION, OR REMOVAL PLACE Chester Hel. Emeth DATE April 16 1937

19. UNDERTAKER Odenhandlers Funeral Ser. (ADDRESS) 4469 Washington Blvd.

20. FILED April 16 1937 Gene D. Woeller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15-1934

22. I HEREBY CERTIFY, That I attended deceased from 4-8-, 1934, to 4-15-, 1934

I last saw h. is alive on 4-15-, 1934 Death is said to have occurred on the date stated above, at 1 P. m.

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

Ch. Myocarditis
131
73C
1934
 Other contributory causes of importance:
132 Anaphylaxis

Date of onset

Name of operation _____ Date of _____
 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? No.
 If so, specify _____

(Signed) Chas. S. Rosen, M. D.
 (Address) 835 Mo. Bldg, St. Louis Mo

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St. Louis City

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

15337

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

47

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Ethel Bronfrenner

Who died at _____ on Apr 15 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W Single, ~~married~~, widowed or ~~divorced~~: _____

Date of birth _____ Age: ^{abt} 60 Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Ch myocarditis
Chronic Nephritis

Other contributory causes of importance Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar: Lena V. Moeller (Deputy)

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 1160

Primary Reg. Dist. No. 4470

Very truly yours,
E. T. McLaugh M.D.
S.C.

Special Agent.

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