

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

Do not use this space.

18238

1. PLACE OF DEATH St Louis Registration District No. 791
 County St Louis Primary Registration District No. 1003
 Township St Louis (No. Jewish Hospital) Registered No. 4607
 City St Louis (No. Jewish Hospital) St. Ward

2. FULL NAME Ida A. Affelder
 (a) Residence, No. 727 Myrtle St. NR Ward. University City Mo
 (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) Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13 - 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 4 25

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) Germany

FATHER 13. NAME Moses Gottlieb

MOTHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Regina Schiff

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

17. INFORMANT Ed. Affelder
 (ADDRESS) 2304 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ceme. Ind. DATE 5-10 1934

19. UNDERTAKER H. Rindorf
 (ADDRESS) 5216 Webster

20. FILED 117-9-1834 1934
J. Stredneck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-8-1934

22. I HEREBY CERTIFY, That I attended deceased from 5-1-1934 to 5-8-1934
 I last saw him alive on 5-8-1934. Death is said to have occurred on the date stated above, at 3:55 a.m.
 The principal cause of death and related causes of importance were as follows:
1. Cardiac Decompensation Date of onset 5-1-34
2. Bronchopneumonia 5-1-34
58
107K

Other contributory causes of importance:
None

Name of operation None Date of

What test confirmed diagnosis? X-ray. 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 None
 (Signed) Harry Lynn M. D.
 (Address) Jewish Hospital, St. Louis

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.

MAY 19 1934

WHILE PRINTING WITH "ON-PAID" INK—THIS IS A PERMANENT RECORD

