

DEC 13 1934

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

Do not use this space.

40853

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City *St. Louis* (No. *4970*) *Mardel* St. .... Ward) *143*

File No. ....  
Registered No. *10797*

## 2. FULL NAME

(a) Residence, No. *4970 Mardel* St. *143* 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Albert Katz</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 1 1894</i>		
7. AGE	YEARS <i>40</i>	MONTHS <i>4</i>
	DAYS <i>8</i>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at home</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>O.K.A. Co.</i>	
	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) <i>Chicago Ill</i>		
FATHER	13. NAME <i>James Easton</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
MOTHER	15. MAIDEN NAME <i>Mary Cunningham</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
17. INFORMANT (ADDRESS) <i>Albert Katz Ave 4970 Mardel</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary</i> DATE <i>Nov 13 1934</i>		
19. UNDERTAKER (ADDRESS) <i>Wacker, Heldeph 2331 Grand St</i>		
20. FILED <i>UV 12 1934</i> <i>Jo J. Dredetz</i> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>Nov 9 1934</i>
22. I HEREBY CERTIFY, That I attended deceased from <i>Feb 20 1934</i> , to <i>Nov 9 1934</i> I last saw <i>her</i> alive on <i>Nov 8 1934</i> . Death is said to have occurred on the date stated above, at <i>8 P.</i> m. The principal cause of death and related causes of importance were as follows: <i>Hemorrhage, acute into pericardium with blood clot cause of hemorrhage was rupture of the artery cause of rupture Hypertension</i> Other contributory causes of importance <i>Myocarditis, chronic 1932</i> <i>Hypertension 1933</i>
Name of operation <i>none</i> Date of operation <i>1932</i>
What test confirmed diagnosis?..... Was there an autopsy? <i>Yes</i>
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 <i>no</i> (Signed) <i>W. J. Cleveland</i> M. D. (Address) <i>3326 Meunier St</i>

WRITE CLEARLY, 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.

