DEC 13 1934

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

Do not use this space.

40997

File No. 40915

Registered No.

**1. PLACE OF DEATH**

County

Township

City St. Louis (No. Jewish Hospital St. Ward)

Registration District No. 791

Primary Registration District No.

**2. FULL NAME** Lida Glaser

(a) Residence, No. 437 Collinsville St., NR Ward. E St Louis Ills
(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): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Aaron Glaser

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

7. AGE: ab 62 YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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): Roumania

FATHER

13. NAME: Mordecai Farkas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Roumania

MOTHER

15. MAIDEN NAME: unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Roumania

17. INFORMANT (ADDRESS): Max Glaser, 437 Collinsville

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Hevre Kedisha DATE: 11/16 1934

19. UNDERTAKER (ADDRESS): H B Berger, 4715 McPherson

20. FILED: NOV 16 1934 J F Bredeck, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11/15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/9, 1934, to 11/15, 1934

I last saw her alive on 11/15, 1934 Death is said to have occurred on the date stated above, at 10:00 a.m.

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

Arteriosclerotic heart disease

Bronchopneumonia, bilateral

Other contributory causes of importance:

Arteriosclerosis, general

Date of onset

Name of operation: none Date of

What test confirmed diagnosis? ECG 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: no

(Signed) Harry Ames M. D.

(Address) Jewish Hospital, St. Ills.

WRITE PLAINLY, 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.

100M-11-24-33