

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

Do not use this space.

DEC 13 1934

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41161

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City, St. Louis (No. Jewish Hospital) St. Ward.....

File No.....
 Registered No. 11137 St. Ward.....

2. FULL NAME

Nathan Herscovitz
 (a) Residence, No. 6306 Southwood St. 5 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF [Signature]

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no trade
 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) New York

13. NAME Michael Herscovitz

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

15. MAIDEN NAME Delora Nathanson

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

17. INFORMANT Abel Weisner
 (ADDRESS) 6306 Southwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Shel Emeth DATE 11-22 1934

19. UNDERTAKER H. H. Bredet
 (ADDRESS) 5216 Delmar

20. FILED UV 22 1934 19 J. H. Bredet Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-21 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/20 1934 to 11/21 1934

I last saw him alive on 11/20 1934 Death is said to have occurred on the date stated above, at 7 a. m.

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

Septicemia -
Otitis Media, Left -
Acute appendicitis
 Date of onset 1 week prior

Name of operation Exploratory laparotomy Date of 11/20/34

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? no
 If so, specify.....

(Signed) Alfred Goldmann, M. D.
 (Address) 45 Duval

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.

Goldman

Dr. Alfred

Dr.