

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.

MAP 2 S 1333

7659

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
Township University City Primary Registration District No. 4470
City University City (No. 2227) Leaves St. Ward

File No.
Registered No. 13
St. Ward

2. FULL NAME

Pauline Stiffelman
(a) Residence, No. 6282 Cates Ave St. 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1934, to 2/1, 1935

I last saw h. alive on 2/1, 1935 Death is said to have occurred on the date stated above, at m.

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

Chronic Myocarditis Date of onset

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. ab 68

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

Other contributory causes of importance:

Bronchopneumonia 1/29/35

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

13. NAME Caron Seltzer

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

15. MAIDEN NAME Sarah

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

17. INFORMANT (ADDRESS) J. Stiffelman

18. BURIAL, CREMATION, OR REMOVAL PLACE Interred St. Mel's DATE 2/3 1935

19. UNDERTAKER (ADDRESS) W. H. Meyer

20. FILED Feb. 2, 1935 Gene V. Moeller Registrar.

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?

If so, specify (Signed) Dr. E. J. Gagnon, M. D.

(Address) 642 W. Bl. St.

