

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.

JUN 4 1935

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

Do not use this space.

15198

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
 Township Primary Registration District No. 4470
 City University City (No. 6820 Delmar Ave) St. Ward)

2. FULL NAME Elizabeth M. Kletzker

(a) Residence, No. 6820 Delmar 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

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 Widow
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/14/1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 3 4

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) St. Louis (STATE OR COUNTRY) Mo

13. NAME Nickolas Gulman

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

15. MAIDEN NAME Margaret Meisner

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

17. INFORMANT George Kletzker (ADDRESS) 6820 Delmar Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 4/20/35 19.

19. UNDERTAKER Robert J. Anderson (ADDRESS) 6633 Clayton Road

20. FILED Apr 20 19.35 Lena V. Moeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18 1935

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1935, to April 18, 1935
 I last saw h. or alive on April 18, 1935. Death is said to have occurred on the date stated above, at 2:30 m.

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

Chronic myocarditis
Acute dilatation
Chronic rheumatoid warts
Arteriosclerosis
 Date of onset April 1935
 Other contributor cause of importance: 1920

Name of operation Date of
 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 Charles N. Gulman, M. D.
 (Signed) (Address) 5183 Cabanne ave.

