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.

18270

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

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

File No. .....

Registered No. 4617

2. FULL NAME Sopha Feldman

(a) Residence, No. 1383 Mt Clair St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct-23-1896

7. AGE: YEARS 38 MONTHS 7 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dress Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: For Herself.
10. Date deceased last worked at this occupation (month and year): Apr 1935
11. Total time (years) spent in this occupation: 10 yr.

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

FATHER

13. NAME: William Feldman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

MOTHER

15. MAIDEN NAME: Mary Litenfeld
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

17. INFORMANT (ADDRESS): Mary Feldman 1383 Mt Clair

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Chesed Shel Emeth DATE: 5-24 1935

19. UNDERTAKER (ADDRESS): Okenhandler Funeral Dir 4469 Washington

20. FILED: MAY 24 1935 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935, to May 23, 1935

I last saw her alive on May 23, 1935. Death is said to have occurred on the date stated above, at 11:45 P.m.

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

Lobar pneumonia — Date of onset: May 22

666

Other contributory causes of importance:

Toxic nodular goiter

Name of operation: Thyroidectomy Date of: May 20

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) Paul S. Lowenstein M. D.

(Address) University Club Bldg.