

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.

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

Do not use this space.

JUL 12 1935

21165

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. Missouri Baptist Hospital) St. _____ Ward _____

File No. _____
 Registered No. **5085**

2. FULL NAME Michael A. Wertheimer

(a) Residence, No. 4726 Kensington Place St. 12 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: <u>Marion C. Shattuck</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 11, 1875</u>		
7. AGE	YEARS	MONTHS
	<u>59</u>	<u>8</u>
		<u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Laborer</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>Factory</u>
10. Date deceased last worked at this occupation, (month and year) <u>8-5-34</u>		11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1935

22. I HEREBY CERTIFY, that I attended deceased from June 8, 1935 to June 9, 1935.
 I last saw him alive on June 8, 1935. Death is said to have occurred on the date stated above, at 8 AM.
 The principal cause of death and related causes of importance were as follows:
Acute dilatation of heart.
Chronic myocarditis
930
 Other contributory causes of importance:
Badly diseased
of base of heart.
 Name of operation..... Date of.....
 What test confirmed diagnosis.....

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? U.
 If so, specify Indean tobacco
 (Signed) Metropolitan, M. D.
 (Address) Metropolitan
St. Louis

12. BIRTHPLACE (CITY OR TOWN) Brooklyn
 (STATE OR COUNTRY) New York

FATHER

13. NAME Isaac H. Wertheimer

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

MOTHER

15. MAIDEN NAME Emilie Ullman

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

17. INFORMANT Marion C. Wertheimer
 (ADDRESS) 4726 Kensington

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Missouri Crematory DATE June 18, 1935

19. UNDERTAKER A. H. M. Langhlin
 (ADDRESS) 3301 Lafayette Ave.

20. FILED 11 1935, 19 11
J. J. Bredeck
 Registrar.

