

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

Do not use this space.

**JUL 12 1935**

**21299**

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **1003**  
 City St. Louis No. 4553 Page .....

File No. ....  
 Registered No. **5234**  
 St. .... Ward) .....

**2. FULL NAME**

Soldie Neuman  
 (a) Residence, No. 4553 Page ..... St. 11 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 <u>female</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>Solomon Neuman</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unk</u>			
7. AGE	YEARS <u>ab 72</u>	MONTHS	DAYS
	If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .... <u>at home</u>		
	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) (STATE OR COUNTRY) <u>Leracaw Poland</u>			
FATHER	13. NAME <u>Fischel Munk</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>		
MOTHER	15. MAIDEN NAME <u>Sheba (unk)</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>		
17. INFORMANT (ADDRESS) <u>Solomon Neuman 4553 Page</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Neve Kedusha</u> DATE <u>6/17</u> 19 <u>35</u>			
19. UNDERTAKER (ADDRESS) <u>H. W. Berger 147435 Webster</u>			
20. FILED <u>JUN 17 1935</u> 19 <u>J. A. Bredeck</u> Registrar.			

**MEDICAL CERTIFICATE OF DEATH**

No. 1003 in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....  
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 8:30 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Acute Myocarditis  
 Date of onset .....

Other contributory causes of importance:  
930

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? .....

If so, specify Acute Myocarditis  
 (Signed) Herald P. Schuy M. D.  
 (Address) 6/17

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.

