

JUL 1 1935

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

Do not use this space.

24434

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 5321 Cabanne)

File No.....
Registered No. 5808
St. Ward)

2. FULL NAME Fannie Newfeld

(a) Residence, No. 5321 Cabanne St., 5 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 37 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Late Louis Newfeld

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 63

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) Apr 30 11. Total time (years) spent in this occupation 42 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Los Angeles Calif.

13. NAME Simon Cohn

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

15. MAIDEN NAME Lina Racklin

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

17. INFORMANT Sam Brockman (ADDRESS) 3321 Cabanne

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shelmoth DATE July 7 1935

19. UNDERTAKER Oxley and Sons Funeral (ADDRESS) 4105 9 Washington

20. FILED JUL - 7 1935 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 1935

22. I HEREBY CERTIFY That I attended deceased from June 8 1935 to July 5 1935
I last saw him alive on July 5 1935. Death is said to have occurred on the date stated above, at 9:50 p.m.
The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis
General arterio-sclerosis
Cerebral arterial sclerosis
anasarca

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? No
If so, specify.....

(Signed) Jerome C. Cook M. D.
(Address) 508 N. Grand St.

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.

